

Camper Name: _____

Birthdate: _____



HEART DISEASE FORM

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

This form, in addition to the Physical Exam form, must be completed by the child's cardiologist for all applicants.

Specialty MD _____ Day Phone _____ After Hours Phone _____

Address _____ Email _____

Hospital (where child is treated): _____ Nurse/Coordinator: _____

- Categories: Repaired CHD (2 vent.) Palliated (1 vent.) 1 1/2 ventricles Heart Transplant
- Primary Rhythm Abnormality Pulmonary Hypertension Cardiomyopathy Valvular Disorders Acquired Heart Disease

Primary Diagnosis: _____ Date of Dx: _____

Secondary Diagnoses: _____

Surgical History: _____

History of Rhythm Abnormalities? (if yes, explain): _____

Devices:

1.) Intracardiac implanted defibrillator (ICD) YES NO If YES: Date device was implanted: _____

Type/Brand: _____ Serial Number: _____

Settings: _____ Interrogation schedule: _____

2.) Pacemaker YES NO If YES: Date device was implanted: _____

Type/Brand: _____ Location: _____

Anticoagulation: None ASA Coumadin Other (list) _____

Pertinent Lab Results (please send copy or record here) _____

Will child require labs while at camp? NO YES If YES, please list labs and date needed: _____

Please attach most recent clinic note

Physician Name (Print)

Signature

Date

Completed by (Print Name)

Signature

Date

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Standard Precautions/Adaptations for Heart Disease and Heart Transplant

Activity Areas and Camp Programs at Roundup River Ranch have adaptations/modifications specifically for campers with heart disease or heart transplant. Examples include a modified bow at Archery and 4:1 pulley system at Challenge Course

All campers are encouraged/allowed to set their own pace and rest as needed

All campers are encouraged/required to drink fluids at every meal: before, during and after activities; and as needed

Campers are kept cool and out of direct sunlight as much as possible

During our session for campers with heart disease or who have received a heart transplant, there is no activities or camp programming that involves isometric exercises or straining such as: push-ups, pull-ups, weight lifting and any lifting, pulling, pushing or throwing of heavy objects

Specific Precautions/Adaptations for Heart Disease or Heart Transplant

PLEASE CHECK ALL THAT APPLY:

Campers with the following diagnoses will have program/activity adaptations at the Challenge Course (4:1 pulley) and Archery (modified Bow) to prevent isometric exercise:

- Significant aortic root dilation
- Marfan's (if associated significant aortic root dilation)
- Valvular disorders associated with significant aortic root dilation
- Cardiomyopathy
- Aneurysms

Campers with the following diagnoses who are taking anticoagulants will be placed on bleeding precautions

- Aneurysms (Coronary or Aortic)
- Prosthetic valves
- Heart transplant with chronic rejection and coronary artery disease?

For campers with the following diagnoses we will have an AED nearby during activities during the day and have an AED in the cabin at night:

- Primary rhythm abnormalities
- Cardiomyopathy with risk of arrhythmia

Syncope or Fall precautions will be applied for any camper with the following:

- Primary rhythm abnormality
- Campers with an ICD or pacemaker
- Cardiomyopathy
- History of syncope

Please list any other restrictions or accommodations you recommend: _____