



**FROSTBURG STATE UNIVERSITY
DEPARTMENT OF ATHLETICS**

**Interpretive Electrocardiogram (EKG) Verification
Form**

Dear Frostburg State University Student-Athlete, **(First year and transfer only)**

Frostburg State University student athletes (first year and transfers) will be required to have **an Interpretive EKG** prior to reporting to pre-season camp. *Returning student athletes that have an EKG on file will not be required to have a second test. Student athletes must contact their Primary Care Provider (PCP) to request an **Interpretive EKG**. **The Interpretive EKG result must include a graph and report.** Any abnormalities listed on the EKG will require the student athlete to be cleared by a Cardiologist. All documentation (EKG and cardiologist notes) must be uploaded in your ARMS file. It is imperative that you obtain an Interpretive EKG as soon as possible due to possible abnormalities that will need to be reviewed by a cardiologist. **Failure to complete this will result in delays in participation.** The EKG must be within 6 months of reporting to pre-season camp.

*Please note all expenses associated with cardiac screening are the responsibility of the student-athlete. Student-athletes must keep a hard copy of the results for their records.

What is an EKG?

An electrocardiogram (ECG or EKG) is a noninvasive test that records the electrical signal from your heart to check for different heart conditions. Electrodes are placed on the chest to record the heart's electrical signals, which causes the heart to beat. These signals are shown as waves on an attached computer monitor or printer.

www.mayoclinic.org

Electrocardiograms can diagnose the following:

- Abnormally fast or irregular heart rhythms
- Abnormally slow heart rhythms
- Abnormal conduction of cardiac impulses (metabolic disorders)
- Evidence of the occurrence of a prior heart attack (myocardial infarction)
- Adverse effects on the heart from various heart diseases or systemic diseases (high blood pressure, thyroid conditions, etc.)
- Adverse effects on the heart from certain lung conditions (emphysema, pulmonary embolus – blood clots)
- Certain congenital heart abnormalities
- Evidence of abnormal blood electrolytes
- Evidence of inflammation of the heart or its lining (myocarditis, pericarditis)

NCAA's April 2016 Guidance for conducting pre-participation screenings of college athletes: <https://www.ncaa.org/about/resources/media-center/news/new-guidance-preventing-sudden-cardiac-death-athletes-published>

Please print out the following form and have it completed by a physician. **You must request a copy of the EKG Graph.**

Thank you,
Athletic Training Department



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Interpretive Electrocardiogram (EKG) Verification Form

(This form must be completed by a health care provider)

Name: _____ Date: _____

Sport(s): _____

I verify that the above-named individual has received an interpretive Electrocardiogram (EKG).

The result of this test was:

Normal: _____

Abnormal/other: _____

(must submit clearance note from PCP and/or Cardiologist if referral is warranted)

Date of Test: _____

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____

Physician's Address: _____

Physician's Telephone Number: _____

*Please provide the individual with a copy of his/her interpretive Electrocardiogram (EKG) strip for our records.

*If EKG is **abnormal** or **borderline**, he/she must submit a clearance note from the PCP an/or Cardiologist if a referral is warranted.