

CARDIAC REPORT

Sponsored by Bureau of School Health Service, Division of Pupil Personnel Services New York State
Department of Education and New York State Heart Assembly, Inc

_____ Date

To: _____ M.D.

From: _____ M.D., School Physician
Signature

_____ School
Address

Re: _____
Name of Pupil

_____ Grade in School

On the annual examination required by the New York State Education Law, the above-mentioned pupil has been reported/found to have _____. To help us in giving proper supervision to this child during his school hours, would you please answer the questions below and return this form at your earliest convenience at the above address.

1. Do you think this child has a Congenital Heart Defect? Yes _____ No _____
If yes, how long has the murmur been present?

2. Do you think this child has had Rheumatic Fever? Yes _____ No _____
Date of original episode _____
Check if these were present: () Chorea
() Polyarthritis
() Carditis
Date of recurrences _____

Is this patient on prophylaxis? Yes _____ No _____
Drug _____ Dosage _____

3. Do you think this child has a functional (innocent) murmur? Yes _____ No _____

4. Please describe murmurs and heart sounds:
Date of last examination _____

5. Has the child had an x-ray or fluoroscopic examination? Yes _____ No _____
Date _____

Does the child have cardiac enlargement or abnormal cardiac contour? Yes _____ No _____

(Over)

6. Has the child had an electrocardiogram?

Yes _____ No _____

Date _____

Is the electrocardiogram normal?

Yes _____ No _____

If abnormal, please give findings : _____

7. What is your opinion of this patient regarding:

A. Etiology

- Rheumatic Active Inactive
 Congenital
 Innocent (Functional)

B. Anatomical

Rheumatic valvular lesion _____
Type of congenital defect _____
Enlargement Yes _____ No _____

C. Physiological

- Regular Sinus Rhythm Sinus Arrhythmia Auricular Fibrillation

D. Functional (please check)

- Class I Ordinary physical activity does not cause discomfort
 Class II Ordinary physical activity causes slight discomfort
 Class III Ordinary physical activity causes marked discomfort
 Class IV Unable to carry on any physical activity without discomfort

E. Therapeutic (please check)

- Class A Physical activity need not be restricted
 Class B Ordinary physical activity need not be restricted, but child should be advised against unusually severe or competitive efforts
 Class C Ordinary physical activity should be moderately restricted, and more strenuous habitual efforts should be discontinued
 Class D Ordinary physical activity should be markedly restricted
 Class E Should be at complete rest, confined to bed or chair

8. Do you or the family wish help in the evaluation of this child or in procuring any of the above examinations?

Yes _____ No _____

_____ M.D.

_____ Address _____