



Participant ID:

Participant Initials:

Site:

RC ID:

CRF Date:

ELECTROCARDIOGRAM (ECG)

1. Time at start of assessment: _____:_____ (military time)

2. Date of ECG: _____/_____/_____ (mm/dd/yyyy)

3. Has it been 8 or more hours since you last ate and/or drank anything other than water, including candy and chewing gum?

☐ Yes

☐ No

4. Results of examination:

☐ Completed

☐ Not completed

4a. **IF NOT COMPLETED**, reason test incomplete or not done:

☐ Hardware malfunction (contact EPICARE @ 336-716 0387)

☐ Lack of supplies

☐ Insufficient time available or room not available

☐ Other, specify: _____

5. Electrode location measurements (approximated to the nearest 0.5"):

5a. NV Line: _____ . _____

5b. Mid-chest: _____ . _____

6. Were any alert conditions noted?

☐ Yes

☐ No

6a. **IF YES to #6**, specify alert conditions:

☐ Heart rate < 40 beats/minute

☐ Heart rate >120 beats/minute

☐ Acute myocardial infarction/injury



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- ☐ Acute myocardial ischemia
- ☐ Ventricular tachycardia
- ☐ Complete atrioventricular block
- ☐ *Atrial fibrillation or flutter (**NOTE:** Only new atrial fibrillation or flutter defined as atrial fibrillation or flutter with no documentation of prior history of these conditions. You may ask the participant about his/her history of atrial fibrillation or flutter.)
- ☐ Wolff-Parkinson-White (WPW) Syndrome – Pre-excitation

6b. Specify action taken:

- ☐ Alert checked with a healthcare provider and confirmed to be true. Participant referred to ER/their physician.
- ☐ Alert checked with a healthcare provider and was not true. Participant reassured.
- ☐ Alert was not checked with a healthcare provider. Participant referred to ER/their physician. Explain reason for this action: _____

- ☐ No action taken. Explain reason for this action: _____

7. Time at end of assessment:

_____:_____ (military time)

8. Select "yes" if procedure was lost after initially being completed and is not recoverable.

☐ Yes

8a. Please specify reason for loss:



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COMMENTS: _____