

GAA
Páirc an Chrócaigh
Baile Átha Cliath 3

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www.learning.gaa.ie/
cardiahealth

GAA
Croke Park
Dublin 3

Telephone (01) 8192923
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Cumann Lúthchleas Gael

Cardiac Screening Protocol Questionnaire

Name _____ Club _____

Address _____ Team _____

Date of Birth _____

G.P. _____ G. P. Address _____

Questionnaire

1. Do you have a brother, sister, cousin, parent or grandparent who died suddenly and unexpectedly under 45 years of age due to heart disease or no known cause?

Yes **No** (*Please Circle*)

2. Have you had a sudden blackout where you have lost consciousness and fallen to the ground for no good reason particularly in association with exercise?

Yes **No** (*Please Circle*)

3. Have you been diagnosed with a heart condition?

Yes **No** (*Please Circle*)

4. Do you develop front of chest tightness with exercise that prevents you continuing?

Yes **No** (*Please Circle*)

5. Do you get sudden onset very rapid heart beating that occurs for no obvious reason and which makes you feel unwell?

Yes **No** (*Please Circle*)

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Physical Exam

1. BP _____
 2. Heart Rate _____
 3. Cardiac Auscultation _____
-

ECG

Result _____

Refer to Mater **Yes** **No** (*Please Circle*)

Refer criteria for ECG's

- a) QRS complex longer than 120 milliseconds
- b) QT interval longer than 460 milliseconds
- c) T wave inversion other than in leads AVR, V1 and Lead 3
- d) Rhythm other than sinus rhythm
- e) Delta waves