

**GAA**  
Páirc an Chrócaigh  
Baile Átha Cliath 3  
Guthán +353 1 836 3222  
Faics +353 1 836 6420  
www.gaa.ie

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Croke Park  
Dublin 3  
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Fax +353 1 836 6420  
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## Cumann Lúthchleas Gael

### Cardiac Screening Protocol

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Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_ Team \_\_\_\_\_

Date of Birth \_\_\_\_\_

G.P. \_\_\_\_\_ G. P. Address \_\_\_\_\_

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#### 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 \_\_\_\_\_

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**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