

# Cardiac Screening

The Medical Welfare Committee of the GAA recommends that in the context of cardiac screening all participants over the age of 14 should complete a cardiac screening questionnaire.

The questionnaire can be downloaded below.

It is recommended that, under the age of 21, the questionnaire should be filled in under the supervision/in conjunction with parent(s)/guardian(s). Anyone answering **yes** to any of the questions should discuss the findings with their family doctor.

Our suggestion would be that in the context of younger players particularly, team managers and teachers should actively encourage their players to fill in this questionnaire.

Of all the cardiac screening tools, the best predictor of sudden death risk is a positive questionnaire.

There is a lack of scientific consensus on the overall value of further screening.

Those who choose to pursue further screening however should be aware of the following:

- Testing should be done in a centre where ECG's/ECHO are being reported by experienced sports cardiologists.
- There is a significant percentage that will have an abnormality which may require further evaluation.
- A percentage will end up uncertain as to whether it is safe for them to participate or not.

# Pre Participation Cardiac Screening Questionnaire

## Personal Details:

|  |  |
|--|--|
| <b>Name:</b>   |  |
| <b>Date of Birth:</b>                                  |  |
| <b>Gender:</b>   |  |
| <b>Parents/Guardians names:</b>                        |  |
| <b>Name of person to be contacted in an emergency:</b> |  |
| <b>Address:</b>  |  |
| <b>Contact Telephone number:</b>                       |  |

## History Screening:

(Please Circle)

|  |     |    |
|--|-----|----|
| <b>1. Has a doctor ever advised you not to participate in sport due to a heart problem?</b>                            | Yes | No |
| <b>2. Do you have any heart conditions?</b>  | Yes | No |
| <b>3. Are you taking any drugs for your heart?</b>   | Yes | No |
| <b>4. Have you ever fainted during or after exercise?</b>  | Yes | No |
| <b>5. Have you ever been dizzy during or after exercise?</b>   | Yes | No |
| <b>6. Have you ever had chest pains during or after exercise?</b>  | Yes | No |
| <b>7. Do you tire more quickly than your friends during exercise?</b>  | Yes | No |
| <b>8. Have you ever been told that you have:</b><br>a) High Blood Pressure?<br>b) Heart Infection?<br>c) Heart Murmur? |     |    |
| <b>9. Have you ever had heart tests carried out by a doctor?</b>   | Yes | No |
| <b>10. Have you ever had very rapid heart beating that has begun and ended for no apparent reason?</b>                 | Yes | No |
| <b>11. Has anyone in your family died before the age of fifty from a heart condition for which no cause was found?</b> | Yes | No |

Explain the Yes answers:

**IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS YOU SHOULD CONSULT YOUR GP**