



Cuala Hurling, Football & Camogie Club Cumann Iomána, Peile agus Camógaíochta Cuala

Cardiac Screening Questionnaire

The Medical Welfare Committee of the GAA recommends that this Questionnaire be completed by all players over age 14. Participants under age 18 should complete it in collaboration with Parents / Guardians

Name: DOB: Gender: M / F

Parent / Guardian Name:

In the event of an emergency -

Name of contact person

Address

Phone

History Screening (circle "Yes" or "No" as appropriate):

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

If you have answered "yes" to any question, please explain here -

If you have answered "Yes" to any of these questions, you are strongly recommended to discuss this Questionnaire with your GP

Further details are available at www.cry.ie