Cardiac Screening Guidelines APPENDIX 2

CARDIAC SCREENING PLAYER FORM

YOUR PERSONAL DETAILS			
Name			
Date of Birth			
YOUR PERSONAL HISTORY			
Have your experienced any of the following		**YES**	**NO**
1	Regular chest pain that gets worse when exercising harder?		
2	Unexplained collapse / fainting?		
3	Feeling of irregular or abnormal heartbeat that affects your ability to continue exercising?		
YOUR FAMILY HISTORY			
Do your have anyone in your extended family that has		**YES**	**NO**
4	Had a cardiac arrest or sudden death BEFORE the age of 40?		
5	Been diagnosed with a cardiac condition that runs in families (e.g. Marfan's syndrome, cardiomyopathy, long QT syndrome)?		
PHYSICAL EXAMINATION (Recommended)			
1	Blood Pressure?		
2	Heart Murmur?		
3	Marfanoid features? (see below)		

MARFANOID FEATURES:

1. Musculo-skeletal - arm span > height, high arched palate, cavus feet, hypermobile, kyphoscoliosis
2. Optic - myopia, lens dislocation

FITNESS TO PLAY:

1. ECG/Clinical Athlete Normal and fit to play
2. ECG/Clinical Abnormal but has been cleared by subsequent testing and fit to play
3. ECG/clinical Abnormal and AWAITING further tests but temporarily fit to play (state date __/___/___ by which further tests will be completed)
4. ECG/clinical Abnormal and NOT currently fit to play
5. Has signed waiver and hence OK to play