

UK CAA RESTING ECG REPORT

CAA Ref No Applicant Name..... ECG Recording Date..... Date of ECG Report.....

ECG FINDINGS (Tick (✓) if present)

HEART RATE	
Tachycardia > 100bpm	<input type="checkbox"/>
Bradycardia < 50 (40 bpm)	<input type="checkbox"/>

HEART RHYTHM	
Atrial ectopics	<input type="checkbox"/>
Ventricular ectopics	<input type="checkbox"/>
Ventricular ectopics with VT	<input type="checkbox"/>
Junctional	<input type="checkbox"/>
Idioventricular	<input type="checkbox"/>
Normal PR, Left Axis P Wave	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>
Atrial Flutter	<input type="checkbox"/>

CONDUCTION	
SA Block	<input type="checkbox"/>
AV Block - 1st degree (PR>240ms)	<input type="checkbox"/>
AV Block - 2nd Degree Type I	<input type="checkbox"/>
AV Block - 2nd Degree Type II	<input type="checkbox"/>
AV Block - Complete	<input type="checkbox"/>
RBBB - Complete	<input type="checkbox"/>
RBBB - Incomplete (RSR 1)	<input type="checkbox"/>
LBBB - Complete	<input type="checkbox"/>
LBBB - Incomplete	<input type="checkbox"/>
Non-specific Intraventricular	<input type="checkbox"/>
Conduction Delay	<input type="checkbox"/>

AXIS	
Leftward axis (>-30)	<input type="checkbox"/>
Left Axis Deviation (>-45)	<input type="checkbox"/>
Right Axis Deviation	<input type="checkbox"/>
Indeterminate	<input type="checkbox"/>

QRS	
Q/QS Waves - Inferior	<input type="checkbox"/>
Q/QS Waves - Anterior-Septal	<input type="checkbox"/>
Q/QS Waves - Anterior-Lateral	<input type="checkbox"/>
Poor R Wave Progression	<input type="checkbox"/>
Max R Plus Max S > 50mm	<input type="checkbox"/>
Pre Excitation - Short PR, Normal QRS	<input type="checkbox"/>
Pre Excitation - Short PR, Delta Wave	<input type="checkbox"/>
Pre Excitation - Normal PR, Delta Wave	<input type="checkbox"/>
Long QTc (>470ms)	<input type="checkbox"/>

ST SEGMENT	
Depression - J Point	<input type="checkbox"/>
Depression - Planar	<input type="checkbox"/>
Depression - Downsloping	<input type="checkbox"/>
Elevation	<input type="checkbox"/>
Leads - Anterior	<input type="checkbox"/>
Leads - Inferior	<input type="checkbox"/>
Leads - Diffuse	<input type="checkbox"/>
Brugada	<input type="checkbox"/>
ST Sag	<input type="checkbox"/>

T WAVE	
Peaked	<input type="checkbox"/>
Flat	<input type="checkbox"/>
Notched	<input type="checkbox"/>
Inverted	<input type="checkbox"/>
Leads - Anterior - Septal	<input type="checkbox"/>
Lead - Anterior - Lateral	<input type="checkbox"/>
Leads - Inferior	<input type="checkbox"/>
Leads - Diffuse	<input type="checkbox"/>
Non-specific T-wave change	<input type="checkbox"/>

U WAVES	
Prominent	<input type="checkbox"/>

CARDIOLOGIST'S REPORT

Additional Information provided (Tick if provided)

Trace / Report of Previous ECG(s)	<input type="checkbox"/>	See UK CAA Guidance material at www.caa.co.uk/medical
Previous cardiology (report(s))	<input type="checkbox"/>	

ASSESSMENT		<i>(Tick (✓) as appropriate)</i>
Findings Normal / Acceptable / No Change		<input type="checkbox"/>
Findings Require Investigation within 2/12		<input type="checkbox"/>
Unacceptable		<input type="checkbox"/>
Technically inadequate (e.g. Lead missing/switch, AC interference)		<input type="checkbox"/>
Unacceptable finding of disqualifying condition - make applicant unfit		<input type="checkbox"/>

COMMENTS	RECOMMENDATIONS
	<small>see also ECG investigation triggers</small>
	Cardiology Review
	Exercise ECG
	24-hour ECG
	Echocardiogram
	Other (Specify).....
	REPORTING CARDIOLOGIST:
	Signature
	Name
	GMC Number