



CARDIOVASCULAR PHYSICAL EXAMINATION FOR INTERNATIONAL COMPETITION

To the examining physician:

As of 2015, all athletes competing internationally in rowing are required by FISA, the international governing body for rowing, to have an annual cardiovascular screening, including this physical examination. You are not being asked to clear this athlete- final clearance will be determined by USRowing team physicians. They are also required to submit EKGs every 3 years (or 5 years, if the athlete is older than 23), which will be read by a USRowing cardiologist. Please feel free to order additional testing as you deem necessary based on this history and examination.

Date of Examination: _____

Patient Name: _____

Screening Questions (to be reviewed by physician with athlete)

- 1. Exertional chest pain/discomfort Yes/ No if yes explain:
2. Syncope/near syncope Yes/ No if yes explain:
3. Excessive unexplained exertional dyspnea or fatigue Yes/ No if yes explain:
4. Prior recognition of a heart murmur Yes/ No if yes explain:
5. History of elevated blood pressure Yes/ No if yes explain:

Family medical history

- 6. Premature death related to cardiovascular disease Yes/ No if yes explain:
7. Disability from cardiovascular disease at age <50 years Yes/ No if yes explain:
8. Hypertrophic cardiomyopathy, dilated cardiomyopathy, Marfan syndrome, arrhythmias, channelopathy (eg, long QT) Yes/ No if yes explain:

Vital Signs

Blood Pressure - each arm Left _____ Right _____
Heart Rate _____

Cardiovascular Examination

Table with 3 columns: finding, normal/ negative, abnormal (explain). Rows include Rhythm, murmur - standing, murmur - supine, Systolic click, Marfan's stigmata, Lungs, Equal femoral/ brachial pulses.

Comments:

Please circle one:

This athlete requires no additional testing for international competition in rowing

Additional testing is required and I have referred this athlete.

Examining Physician

Name: _____ Signature _____

Address: _____

Email: _____