

ENGLISH VERSION at 15.01.2014

FISA Pre-Competition Health Screening

In order to reduce the risk of “Sudden Cardiovascular Death in Sport” for the sport of rowing, FISA has introduced the IOC recommended Pre-Competition Health Screening. The leading cause (more than 90%) of non-traumatic sudden death in athletes is related to pre-existing cardiac abnormality. The purpose of this screening is to identify, as accurately as possible, athletes at risk in order to advise them accordingly.

Sudden Cardiovascular Death is defined as: “Death occurring within one hour of the onset of symptoms in a person without a previously recognised cardiovascular condition that would appear fatal; this excludes cerebrovascular, respiratory, traumatic and drug-related causes.”

In 2014, all entered rowers for the 2014 World Rowing Junior Championship are required to have completed this questionnaire, submitted it to their doctor and have undertaken the required physical examination and diagnostic test. The National Federation is required to confirm to FISA that all entered athletes have completed the screening.

From 2015, all entered rowers for the 2015 World Rowing Championships, 2015 World Rowing Under 23 Championships and the 2015 World Rowing Junior Championships are required to have completed the questionnaire, submitted it to their doctor and undertaken the exam and diagnostic test. For all other rowers (Masters, Coastal, Indoor, Touring, etc.), this screening is strongly recommended.

The information disclosed in this document is strictly confidential and should remain between doctor and patient. The results of the screening should be transmitted solely to the athlete and his/her legal representatives.

Step 1

Personal History

1. Have you ever fainted or passed out when exercising?
2. Do you ever have chest tightness?
3. Does running ever cause chest tightness?
4. Have you ever had chest tightness, cough, wheezing. which made it difficult for you to perform in sports?
5. Have you ever been treated/ hospitalized for asthma?
6. Have you ever had a seizure?
7. Have you ever been told that you have epilepsy?
8. Have you ever been told to give up sports because of health problems?
9. Have you ever been told you have high blood pressure?
10. Have you ever been told you have high cholesterol?
11. Do you have trouble breathing or do you cough during or after activity?
12. Have you ever been dizzy during or after exercise?
13. Have you ever had chest pain during or after exercise?

14. Do you have or have you ever had racing of your heart or skipped heartbeats?
15. Do you get tired more quickly than your friends do during exercise?
16. Have you ever been told you have a heart murmur?
17. Have you ever been told you have a heart arrhythmia?
18. Do you have any other history of heart problems?
19. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?
20. Have you ever been told you had rheumatic fever?
21. Do you have any allergies?
22. Are you taking any medications at the present time?
23. Have you routinely taken any medication in the past two years?

Family History

Has anyone in your family less than 50 years old:

24. Died suddenly and unexpectedly?
25. Been treated for recurrent fainting?
26. Had unexplained seizure problems?
27. Had unexplained drowning while swimming?
28. Had unexplained car accident?
29. Had heart transplantation?
30. Had pacemaker or defibrillator implanted?
31. Been treated for irregular heart beat?
32. Had heart surgery?
33. Has anyone in your family experienced sudden infant death (cot death)?
34. Has anyone in your family been told they have Marfan syndrome?

Physical Examination (by the doctor) to include:

1. Radial and femoral pulses
2. Marfan stigmata
3. Cardiac auscultation:
 - Rate / rhythm
 - Murmur: systolic / diastolic
 - Systolic click
4. Blood pressure

Diagnostic Test (by the doctor) to include:

1. 12-lead rest ECG (only for patients after the onset of puberty)

Selected cases with a positive personal history, family history of potentially inherited cardiac disease, or a positive physical or ECG finds will require further evaluation by an age-appropriate cardiac specialist.