IISA® MEDICAL ASSESSMENT FORM

Date____/____/____ This medical is Valid for 6 months from date of assessment.

Section A – Swimmer [Personal Details]

Full Name	Date of Birth [DD/MM/YYYY]	Gender	Occupation
		M F	

Address					
City/Town		Country		Post Code	
Email				Phone	

Section B – Swimmer [Medical History]
(please circle Yes or No, if you answered yes, please give further details in the line below)

1	Past Medical History:	Y	N
2	Past surgical history:	Y	N
3	Current Medication :	Y	N
4	Allergies:	Y	N
5	Cardiovascular - e.g. high blood pressure, arrhythmias:	Y	N
6	Parents/Siblings with cardiovascular conditions:	Y	N
7	Respiratory –e.g. asthma:	Y	N
8	Abdomen - GIT:	Y	N
9	Neurological – e.g. epilepsy:	Y	N
10	ENT (ear / nose / throat):	Y	N
11	Eyes – Visual problems, surgery:	Y	N
12	Psychiatric:	Y	N
13	Disability:	Y	N
14	Hospitalised in past 5 years:	Y	N
15	Refused Life Insurance:	Y	N
16	Failed IISA Medical:	Y	N
17	Previous Cold H20 Swimming Experience:	Y	N
18	Previous issues on rewarming – hypothermia, arrhythmias:	Y	N

19	Previous altitude experiences:	Y	N
20	Previous issues at altitude:	Y	N
21	Previous issues at altitude:	Y	N
COVID 19 declaration			
1	Have you had Covid? When:	Y	N
2	Have you had any symptoms that may indicate COVID recently?	Y	N
3	Are you vaccinated for COVID? When -	Y	N
Comments:			

Swimmer's Declaration:

I hereby declare that to the best of my knowledge; I am in good general health, and I have disclosed all information relevant to this assessment and may be relevant to my Ice Swim attempt.
I authorise my doctor and medical staff attendants at this assessment, to disclose any relevant information to my Swim Medical Officer or Safety staff.
I am aware that an ICE Swim is an extreme challenge, mentally and physically and I am obligated to inform IISA and the Swim Medical and Safety staff of any changes in my health since this assessment to the date of my Swim.
I will deliver this assessment to the Swim - Observers/IISA Officials/Medical Officer and include this when applying to verify my Swim by IISA.
I hereby acknowledge that the Swim is done at my own risk, I understand all risks involved and I hold none involved in my Swim attempt responsible for any mishap that may occur to me because of this Swim.

Signature Date:

Section C – For the Examining Doctor

The above names person wishes to attempt an Ice Swim. An Ice Swim requires the swimmer to swim a in water temperature of 5C or lower, unassisted and wearing a standard swimming costume, one cap and a pair of googles.

Please indicate your assessment outcome:

PRE-SWIM MEDICAL

General	Weight	Height	BMI	Temperature
	Waist cm	Pregnant?	Disability?	
General Examination				
Cardiovascular	Heart Rate	Blood Pressure		
Cardiovascular Examination				
Respiratory	Respiratory Rate	Oxygen Saturation	Peak Flow	
Respiratory Examination				
ENT	Drums	Pharynx	Other	
Abdominal Examination				
Neurological Examination				
ECG/EKG Assessment				

Medical Doctor Declaration:

After my examination, I see no medical issues preventing the above Swimmer (A) from attempting the Ice Swimming event.

Name_____ Date_____/_____/_____

Address_____

Email_____@_____

Qualifications_____

Signature_____