

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
MAGDA OLVERKOVA'	23.9.1991	M <input checked="" type="radio"/> F	

Address	MEZHAUTOVA 196		
City/Town	BRNO	Country	CZECH
		Post Code	613 00
Email	magda.olverkova@hotmail.cz		Phone
			+420 421 329 242

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	<input checked="" type="radio"/> N
2	Past surgical history:	Y	<input checked="" type="radio"/> N
3	Current Medication : FRESTARIUM 5mg 1tbl (MORNING)	<input checked="" type="radio"/> Y	<input type="radio"/> N
4	Allergies:	Y	<input checked="" type="radio"/> N
5	Cardiovascular - e.g. high blood <input checked="" type="checkbox"/> pressure, arrhythmias:	<input checked="" type="radio"/> Y	<input type="radio"/> N
6	Parents/Siblings with cardiovascular conditions:	Y	<input checked="" type="radio"/> N
7	Respiratory –e.g. asthma:	Y	<input checked="" type="radio"/> N
8	Abdomen - GIT:	Y	<input checked="" type="radio"/> N
9	Neurological – e.g. epilepsy:	Y	<input checked="" type="radio"/> N
10	ENT (ear / nose / throat):	Y	<input checked="" type="radio"/> N
11	Eyes – Visual problems, surgery:	Y	<input checked="" type="radio"/> N
12	Psychiatric:	Y	<input checked="" type="radio"/> N
13	Disability:	Y	<input checked="" type="radio"/> N
14	Hospitalised in past 5 years:	Y	<input checked="" type="radio"/> N
15	Refused Life Insurance:	Y	<input checked="" type="radio"/> N
16	Failed IISA Medical:	Y	<input checked="" type="radio"/> N
17	Previous Cold H2O Swimming Experience: CZECH CUP, ICE MILE, WORLD CHAMPIONSHIPS	<input checked="" type="radio"/> Y	<input type="radio"/> N
18	Previous issues on rewarming – hypothermia, arrhythmias:	Y	<input checked="" type="radio"/> N

19	Previous altitude experiences:	Y	<input checked="" type="radio"/> N
20	Previous issues at altitude:	Y	<input checked="" type="radio"/> N
21	Previous issues at altitude:	Y	<input checked="" type="radio"/> N
COVID 19 declaration			
1	Have you had Covid? When: FROM 24.10.20 - TO 6.11.20	<input checked="" type="radio"/> Y	<input type="radio"/> N
2	Have you had any symptoms that may indicate COVID recently?	Y	<input checked="" type="radio"/> N
3	Are you vaccinated for COVID? When - 1.8.1.21 (3x) 2.2.2.21 3.14.12.21	<input checked="" type="radio"/> Y	<input type="radio"/> N
Comments:			

Swimmer's Declaration:

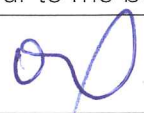
I hereby declare that to the best of my knowledge; I am in good general health, and I have disclosed all information relevant to this assessment and may be relevant to my Ice Swim attempt.

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

Please indicate your assessment outcome:

PRE-SWIM MEDICAL

General	Weight 95 kg	Height 169 cm	BMI	Temperature 36,4 °C
	Waist cm 124,0	Pregnant? NO	Disability? NO	
General Examination	Normal finding			
Cardiovascular	Heart Rate 73/min	Blood Pressure 120/85 mmHg		
Cardiovascular Examination				
Respiratory	Respiratory Rate 15/min	Oxygen Saturation 98%	Peak Flow 5,2	
Respiratory Examination				
ENT	Drums <i>[initials]</i>	Pharynx <i>[initials]</i>	Other <i>[initials]</i>	
Abdominal Examination	Physiological finding			
Neurological Examination	Physiological finding			
ECG/EKG Assessment	s.r., reg., sr 65/min, PQ 0,12, QRS 0,08, pr. 2. V3-V4. physiological eeg curve			

Medical Doctor Declaration:

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

Name PAVEL HOMOLKA, M.D. Ph.D. Date 24. 01. 2022

Address University Hospital, Brno, Pekařská 53, Czech Republic

Email pavel.homolka@fnusa.cz

Qualifications General practitioner, sports medicine specialisation

Signature [Signature] 24. 01. 2022

Fakultní nemocnice
u sv. Anny v Brně
Pekařská 664/53, 656 91 BRNO
Klinika tělovýchovného lékařství
a rehabilitace
MUDr. P. Homolka, Ph.D.
Ambulance tělovýchovného lékařství 50617

Okurkova
Magda

23.09.1991 Female
30 years / 169 cm / 97 kg

HR 64/min

Intervals:	RR	PR	QRS	T	P (II)	S (V1)	R (V5)	Sokol.
937 ms	102 ms	128 ms	84 ms	49 °	0.11 mV	-0.47 mV	1.57 mV	2.36 mV

SINUS RHYTHM
NORMAL ECG

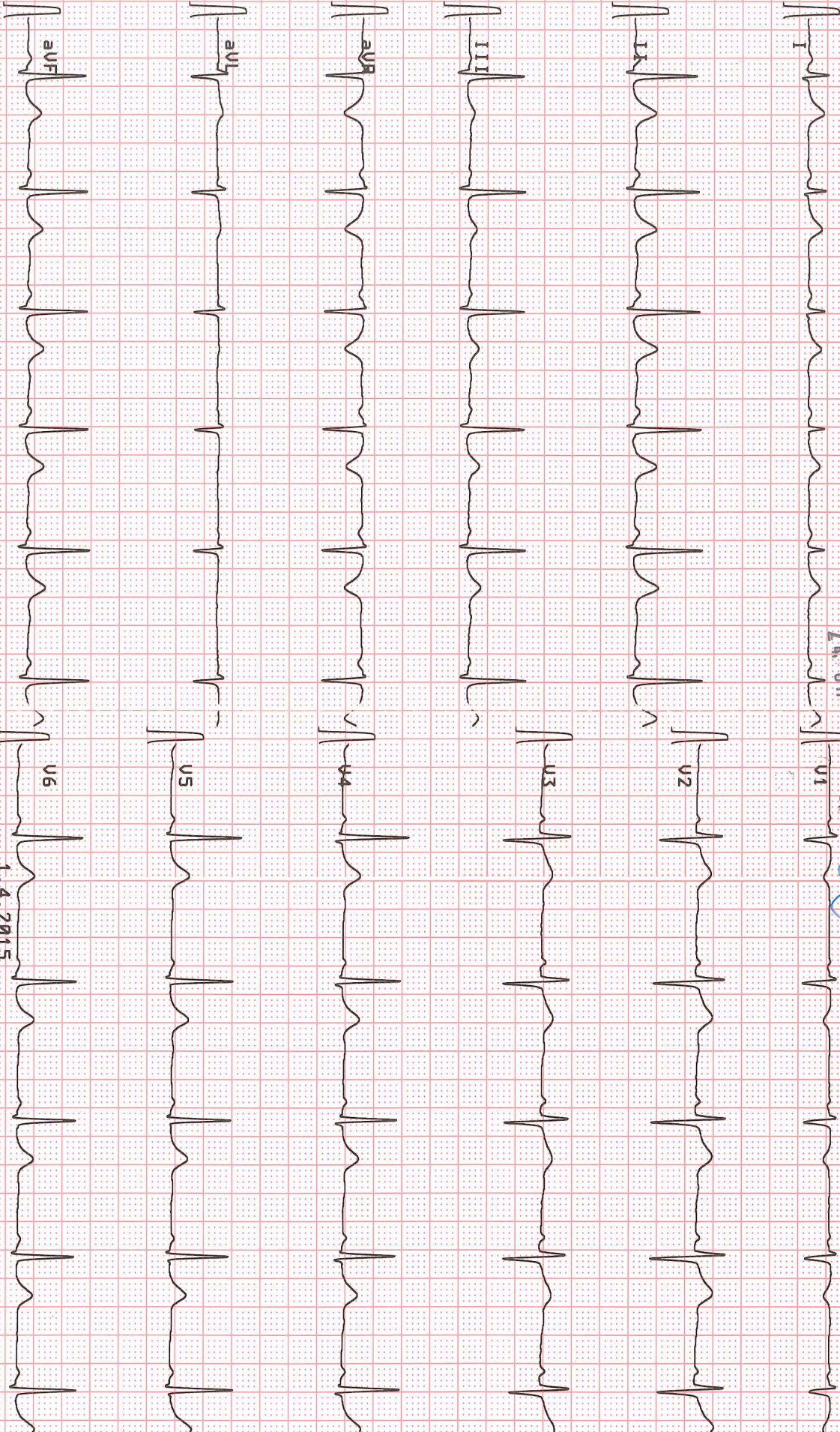
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24.01.2022

72	FMH SV R 304
73	Právník SV 0267 31/02
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Aut. P. Hrnčík, Ph.D.
50617

UNCONFIRMED REPORT



25 mm/s 10 mm/mV 0.05-25 Hz F50 SSF SBS 24.01.2022 08:35:44 k.l. 1.4.2015 10 mm/mV RT-10plus 2.54 Cs

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