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
PETR MIHOLA	31. 10. 1961	(M) F	

Address	Bzenecká 18				
City/Town	BRNO	Country	CZECH	Post Code	628 00
Email	petr.mihola@seznam.cz			Phone	+420 724 259 733

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: CZECH CUP WC IISA, ICE MILE, ENG. CHANNELL	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: 19.10.2020 - 26.10.2020	Y	N
2	Have you had any symptoms that may indicate COVID recently?	Y	N
3	Are you vaccinated for COVID? When - 21.3.2021 10.4.2021 1.12.2021	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 Petr Michl Date:

IISA

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 122kg	Height 193 cm	BMI 32	Temperature 36,2°C
	Waist cm 118	Pregnant? 0	Disability? no	
General Examination				
Cardiovascular	Heart Rate 55/min.	Blood Pressure 140/80		
Cardiovascular Examination	Normal finding in cardiovascular system			
Respiratory	Respiratory Rate 13/min	Oxygen Saturation 97	Peak Flow 7,8 - normal	
Respiratory Examination	Normal finding in respiratory system			
ENT	Drums 0	Pharynx normal	Other no	
Abdominal Examination	Normal finding			
Neurological Examination	Normal finding			
ECG/EKG Assessment	HR 63/min., sinus rhythm, regular, without pathology			

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. Date 21./01./2022

Address Faculty Hospital, Pekarska 53, BRNO, Czech Republic

Email pavel.homolka@fnusa.cz

Qualifications general practitioner, sports medicin specialist

Signature 21. 01. 2022 MUDr. P. Homolka, Ph.D. 50617

Fakultní nemocnice u sv. Anny v Brně
Pekařská 664/53, 656 91 BRNO
Klinika tělovýchovného lékařství a rehabilitace
Ambulance tělovýchovného lékařství

FN u Sv. Anny v Brně .

Jméno: **Mihola Petr**

Pacient č.: **61010310943**

Případ č.: .

01.07.2021 08:14:28

Narozen:	31.10.1961
Věk:	59 let
Pohlaví:	Muž
Výška:	193,0 cm
Váha:	132,0 kg
TK:	140 / 80 mmHg

Medikace:

Pozn.: vsedě

SF **76 /min**

Osy

P	39 °
QRS	39 °
T	32 °

Intervaly

RR	788 ms
P	118 ms
PQ	214 ms
QRS	76 ms
QT	392 ms
QTc	442 ms

Interpretace

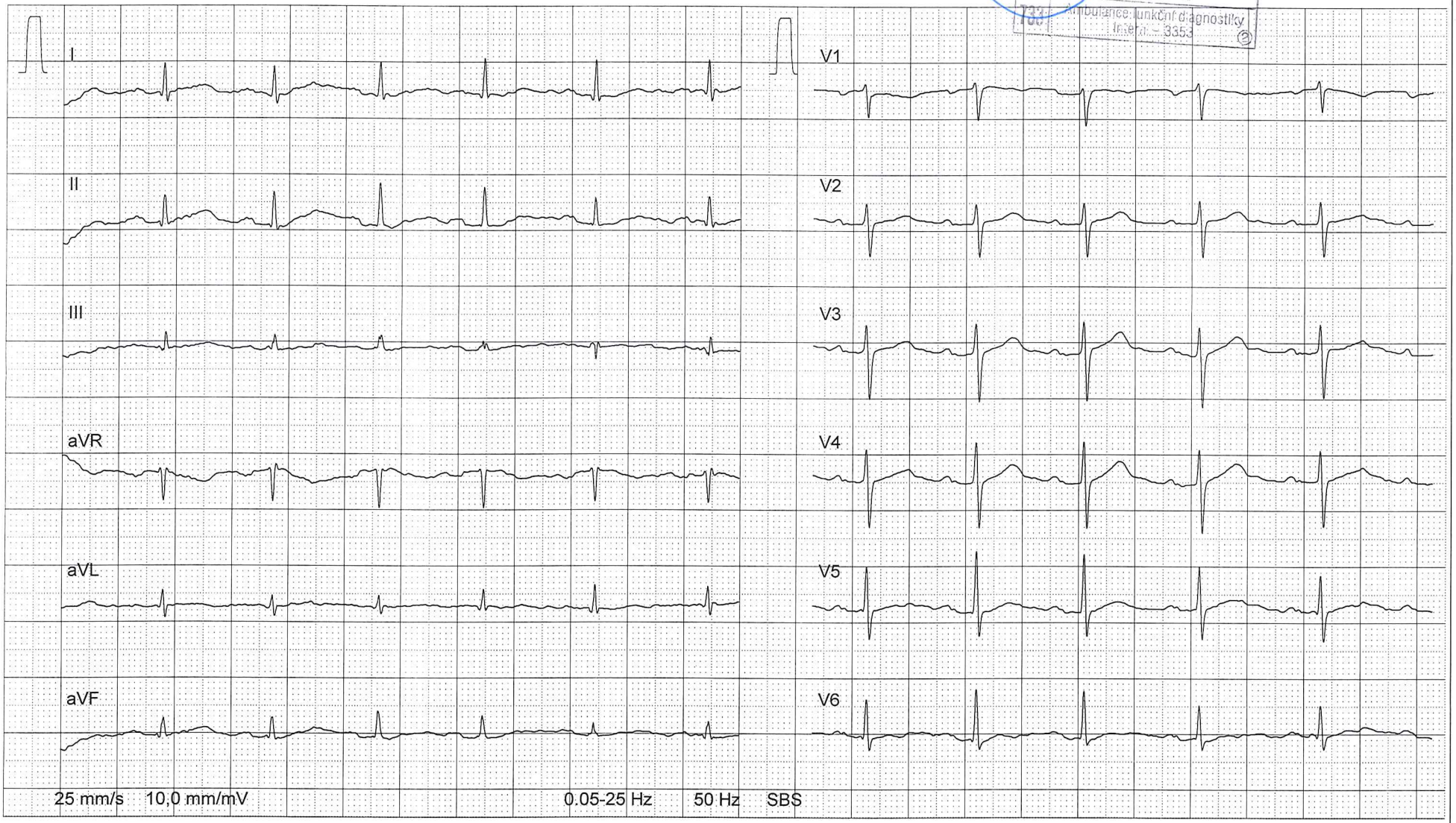
SINUS RHYTHM
NORMAL ECG

Kontroloval

21. 01. 2022

MUDr. Habovská

FN u sv. Anny v Brně
Pekařská 53, 656 91 Brno
☎ 543 181 111
Klinika tělovýchovného lékařství a rehabilitace
Ambulance funkční diagnostiky
Ind. č. 3353



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