

IISA® MEDICAL ASSESSMENT FORM

Date 08/06/22 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
RACHEL ARMSTRONG	21/01/1983	M/ <input checked="" type="radio"/> F	ARCHITECT

Address	85B RIVERBANK ROAD				
City/Town	WAIKANA	Country	NZ	Post Code	9382
Email	RACHELHELENARMSTRONG@GMAIL.COM		Phone	022 3071163	

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: <u>CONCUSSION (2020)</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N
2	Past surgical history: <u>TONSILLECTOMY (2005)</u>	<input checked="" type="radio"/> Y	<input type="radio"/> N
3	Current Medication :	Y	<input checked="" type="radio"/> N
4	Allergies:	Y	<input checked="" type="radio"/> N
5	Cardiovascular - e.g. high blood pressure, arrhythmias:	Y	<input checked="" type="radio"/> N
6	Parents/Siblings with cardiovascular conditions: <u>MOTHER - ARRHYTHMIA FATHER - STENOSIS</u>	<input checked="" type="radio"/> Y	<input 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:	<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:	<input checked="" type="radio"/> Y	<input type="radio"/> N
20	Previous issues at altitude:	<input type="radio"/> Y	<input checked="" type="radio"/> N
21	Previous issues at altitude:	<input type="radio"/> Y	<input checked="" type="radio"/> N
COVID 19 declaration			
1	Have you had Covid? When:	<input type="radio"/> Y	<input checked="" type="radio"/> N
2	Have you had any symptoms that may indicate COVID recently?	<input type="radio"/> Y	<input checked="" type="radio"/> N
3	Are you vaccinated for COVID? When - 01/09/21, 14/10/21, 24/02/22	<input checked="" type="radio"/> Y	<input type="radio"/> N
<u>Comments:</u> 			

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 R. Armetrono Date: 08/06/22



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 107	Height 158 cm	BMI 26.8	Temperature 37°C
	Waist cm 87 cm	Pregnant? No -	Disability?	
General Examination	no concern.			
Cardiovascular	Heart Rate 60	Blood Pressure 120/70		
Cardiovascular Examination	heart sounds dual / no added sounds			
Respiratory	Respiratory Rate 14	Oxygen Saturation 98%	Peak Flow 440	
Respiratory Examination	vesicular breath sounds.			
ENT	Drums <input checked="" type="checkbox"/>	Pharynx <input checked="" type="checkbox"/>	Other	
Abdominal Examination	normal			
Neurological Examination	normal.			
ECG/EKG Assessment	sinus rhythm			

Medical Doctor Declaration:

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

Name Linda Garrett Date 16/06/2022

Address _____

Email lgarrett @ wanaka-medical.co.nz

Qualifications MBChB MRNZCCGP.

Signature 

Dr Linda Garrett
Wanaka Medical
 23 Cardrona Valley Road
 Wanaka 9305
 P: 034430710
 NZMC# 13838

warning: age not available, assumed 33 years

06/16/2022 01:48:50 PM

Female

JGB1398

25 mm/s

Name: Miss Rachel Armstrong
21 Jan 1983
JGB1398
16 Jun 2022
1:41 PM

Gender: Female
P/PR: 98/154 ms
QRS: 72 ms
QT/QTc: 406/438 ms
P/QRS/T axis: 66/65/65 deg
Heart rate: 70 bpm

ARMSTRONG, RACHEL
Armstrong
JGB1398
16 Jun 2022
1:41 PM

