

IISA® MEDICAL ASSESSMENT FORM

Valid for 12 months from the date of assessment

IISA
INTERNATIONAL
ICE SWIMMING
ASSOCIATION



Full Name _____ Assessment date: _____

SECTION A – SWIMMER DETAILS [filled in by the Swimmer]

Date of Birth (DD/MM/YYYY) _____ AGE _____ years SEX M F
PARA [if applicable] _____
Physical address _____
City / Town _____ Post Code _____ Country _____
Email address _____ Phone _____
Occupation _____
Next of Kin (name) _____ Relationship _____ Phone _____

SECTION A1 – SWIM DETAILS [filled in by the Swimmer]

Expected Swims distances (m) _____
Expected Swims dates (month) _____
Expected water temperatures _____

SECTION B – SWIMMER MEDICAL HISTORY [filled in by the Swimmer] –

Have you experienced this?

SWIMMER Cardiovascular (you aware of – if yes, Please provide short details):

High Blood pressure (Hypertension)

Pacemaker? (if yes – date of installation)

A heart condition or had a stroke? (If yes, date of last occurrence)

Suffer from chest pain, tightness or heaviness in the chest during or after exercise?

Fainted or blacked out during or after exercise or had an unexpected fainting episode?

Unexpected dizzy turns during or after exercise?

Palpitations? (Irregular heartbeats or a racing heart)

FAMILY HISTORY [Cardiovascular]:

Has an immediate family member (Parents or Siblings) been diagnosed with a cardiovascular condition:

Please indicate the relationship to you, their age and the age when the problem was diagnosed (approximately):

SWIMMER

Respiratory conditions –e.g. Asthma, Sleep apnoea, other

Short of breath or tired more easily than others during exercise?

Asthma attack requiring urgent medical attention in the last 12 months?

Gastrointestinal /Abdomen problems?

Reflux, Inflammatory bowel disease, Irritable bowel disease, other...

Bleeding disorders or previous blood clots?

Epilepsy, Parkinsons, Migraines, Other

Musculoskeletal or Rheumatological problems:

Eyes – Visual problems, surgery:

Endocrine problems

Diabetes, Thyroid, other...

Psychiatric problems/treatment

Depression, Anxiety

Skin conditions: Psoriasis, Eczema

Other Medical conditions or Disability not already mentioned

Past Surgery History

Current Medication

Allergies

Hospitalised in past 5 years: (If yes, why?)

Refused Life Insurance: (If yes, why?)

Told it is dangerous to participate in physical activity: (If yes, why?)

Have you failed an IISA medical or been told you should not exercise? (If yes, why?)

Marfan's syndrome (An inherited disorder that affects connective tissue)

Previous Cold H2O Swimming Experience:

Date and Distances in the last 2 years:

Previous issues on rewarming – hypothermia, arrhythmias? (if yes, what happened?)

Altitude experiences: (If yes, please give details)

Previous issues at altitude: (If Yes, please give details):

Comments:

General

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 pertinent to my Ice Swim attempt. At this assessment, I authorise my doctor and medical staff attendants 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. I am obligated to inform IISA and the Swim Medical and Safety staff of any changes in my health from 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 the risks involved, and I hold none involved in my Swim attempt responsible for any mishap that may occur to me because of this Swim.

Date _____ Signature _____

Section C – For the Examining Doctor

The person named above wishes to attempt an Ice Swim. An Ice Swim requires the swimmer to swim at a 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

Weight _____ kg

Height _____ cm

BMI _____

Temperature _____ C

Waist _____ cm

Pregnant _____

Disability? _____

GENERAL EXAMINATION

Heart Rate _____

Blood Pressure _____

Cardiovascular examination:

Respiratory Rate _____

Oxygen Saturation _____

Peak Flow _____

Respiratory examination:

ENT:

Drums _____

Pharynx _____

Abdominal examination:

Neurological examination:

ECG /EKG assessment:

MEDICAL DOCTOR DECLARATION

After my examination, I saw no medical issues preventing the above Swimmer from attempting the ice swimming event.

Full Name _____

Date _____

Address _____

Email _____

Qualifications _____

Signature _____

