

IISA® MEDICAL ASSESSMENT FORM

Section A – Swimmer - Personal Details

Full Name	Date of Birth dd/mm/yyyy	Gender	Occupation
Wittwer Adrian	06/07/1986	M/F M	Polizeman

Address	Einschlagstr. 13				
City/Town	Bolligen	Country	Switzerland	Post Code	3065
Email	adriano.int@hotmail.de			Phone	0041 76 5674 2 29

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	Yes	<input checked="" type="radio"/> No
2 Past surgical history	Yes	<input checked="" type="radio"/> No
3 Current Medication	Yes	<input checked="" type="radio"/> No
4 Allergies	Yes	<input checked="" type="radio"/> No
5 Cardiovascular - e.g. high blood pressure, arrhythmias	Yes	<input checked="" type="radio"/> No
6 Parents/Siblings with cardiovascular conditions	Yes	<input checked="" type="radio"/> No
7 Respiratory –e.g. asthma	Yes	<input checked="" type="radio"/> No
8 Abdomen - GIT	Yes	<input checked="" type="radio"/> No
9 Neurological – e.g. epilepsy	Yes	<input checked="" type="radio"/> No
10 ENT (ear / nose / throat)	Yes	<input checked="" type="radio"/> No
11 Eyes – Visual problems, surgery	Yes	<input checked="" type="radio"/> No
12 Psychiatric	Yes	<input checked="" type="radio"/> No



Section C – For the Examining Doctor

The above named person wishes to attempt an Ice Swim. An Ice Swim requires the swimmer to swim a distance of 1km to 1mile 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 79.3kg	Height 180cm	BMI 25	Temperature 36.5
	Waist cm 87cm	Pregnant? no	Disability? none	
General Examination	normal			
Cardiovascular	Heart Rate 60	Blood Pressure 120/80mmHg		
Cardiovascular Examination	normal			
Respiratory	Respiratory Rate 16/min	Oxygen Saturation 98%	Peak Flow 600	
Respiratory Examination	normal			
ENT	Drums normal	Pharynx normal	Other	
Abdominal Examination	normal			
Neurological Examination	normal			
ECG/EKG Assessment	16.1.2024 : normal			

Medical Doctor Declaration:

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

Name Cacciatore Rainaldo Date 16 / 01 / 2024

Address Gartenstr. 16, 3066 Stettlen, Switzerland

Email cacciatore @ hün.ch

Qualifications Dr. med. R. Cacciatore
Gartenstrasse 16
3066 Stettlen

E 145132
946279K
7601000088529

Signature [Signature]

Wittwer Adrian, Einschlagstr. 13, 3065 Bolligen 1310
 Geburtsdatum: 06.07.1986
 Tel.: 076 567 42 29

		16.01.24					
Hämatologie							
Erythrozyten	4.6-6 Terra/l	5.42					
Hämoglobin	13-15 mg/dl	* 16.0					
MCHC	31.5-36.5 g/l	33.8					
MCV	80-100 fl	87.3					
MCH	27-32 pg	29.5					
Hämatokrit	41-53 l/l	47.3					
Leukozyten	4-10 Giga/l	5.2					
Lymphozyten %	20-48 %	35.1					
MXD %		8.0					
Neutrophile %		56.9					
Lymphozyten	0.8-4.8 Giga/l	1.8					
MXD#		0.4					
Neutrophile		3.0					
RDW-CV		12.0					
RDW-SD		41.6					
PDW		11.4					
MPV		9.4					
P-LCR		21.5					
Thrombozyten	150-400 Giga/l	236					
Chemie							
Glukose	3.9-6.1 mmol/l	5.8					
Natrium	136-149 mmol/l	142					
Chlorid	98-106 mmol/l	100					
Kalium	3.8-5 mmol/l	* 3.4					
Creatinin	53-97 µmol/l	95.0					

Name **Adrian Wittwer**
Pat.-ID **1310**

16.01.2024 09:08:47
Standard 12 Ableitungen

Dr. med. Raimondo Cacciato ÄRZTEPRAXIS GARTENSTRASSE
Gartenstrasse 16 GARTENSTRASSE 16
3066 Stettlen 3066 STETTLEN

Geb.-datum 06.07.1986 Fall-Nr
Alter 037Y Zimmer
Geschlecht Männlich Auftr.-ID
Ethnie Nicht definiert Auftrag.
Grösse 180 cm Zuw. Arzt
Gewicht 78,5 kg Geräte-ID 3050.001620

HF **60/min** RR 992 ms
P 111 ms
PQ 138 ms
QRS 84 ms
QT 415 ms
QTcB 417 ms
P-Achse 39°
QRS-Achse 28°
T-Achse 53°

Unbestätigter Bericht

Medikation
Anmerkung

