

IISA® MEDICAL ASSESSMENT FORM

Section A – Swimmer - Personal Details

Full Name	Date of Birth dd/mm/yyyy	Gender	Occupation
PETER HØGDAL	24/03/1961	<input checked="" type="radio"/> M <input type="radio"/> F	PROJECT MANAGER

Address	MARSKEVNSGADE 6 ST. TH.				
City/Town	COPENHAGEN	Country	DENMARK	Post Code	2100
Email	HOGDAL@MAIL.DK			Phone	+4521721698

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	<input checked="" type="radio"/> Yes	<input type="radio"/> No
INGUINAL HERNIA		
2 Past surgical history	<input checked="" type="radio"/> Yes	<input type="radio"/> No
same as →		
3 Current Medication	<input checked="" type="radio"/> Yes	<input type="radio"/> No
LOSARTAN COMB + AMLODIPIN		
4 Allergies	<input checked="" type="radio"/> Yes	<input type="radio"/> No
GRASS + BIRCH		
5 Cardiovascular - e.g. high blood pressure, arrhythmias	<input checked="" type="radio"/> Yes	<input type="radio"/> No
HYPERTENSION - TREATED WITH		
6 Parents/Siblings with cardiovascular conditions	<input checked="" type="radio"/> Yes	<input type="radio"/> No
FATHER OP PCI / STENT HEART OP.		
7 Respiratory - e.g. asthma	<input checked="" type="radio"/> Yes	<input type="radio"/> No
ASTMA ~ BRONCHIAL		
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