

IISA® MEDICAL ASSESSMENT FORM

Section A – Swimmer - Personal Details

| Full Name | Date of Birth dd/mm/yyyy | Gender | Occupation |
|-------------|-----------------------------|--------|-----------------|
| NINA HOGDAL | 17/12/1960 | M (E) | PHYSIOTHERAPIST |

| | | | | | |
|-----------|----------------------|---------|---------|---------------|------|
| Address | MARSKENSGADE 6 ST.TH | | | | |
| City/Town | COPENHAGEN | Country | DENMARK | Post Code | 2100 |
| Email | hogdal@mail.dk | | Phone | +45 2167 7533 | |

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