

IISA® MEDICAL ASSESSMENT FORM

Section A – Swimmer - Personal Details

Full Name	Date of Birth dd/mm/yyyy	Gender	Occupation
Frederik Høgdal	23/05/1997	M/F	Student

Address	Jagtvej 2200 120, 2200 N Copenhagen		
City/Town	Copenhagen	Country	Denmark
Post Code	2200 N		Phone
Email	Frederik.hogdal@hotmail.com		21677332

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	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Grass, shellfish, Almond skin		
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