

Section C – For the Examining Doctor

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

General	Weight <u>32</u>	Height <u>184</u>	BMI	Temperature
	Waist cm	Pregnant? <u>NO</u>	Disability? <u>NO</u>	
General Examination				
Cardiovascular	Heart Rate <u>60/min</u>	Blood Pressure <u>120/85</u>		
Cardiovascular Examination				
Respiratory	Respiratory Rate	Oxygen Saturation	Peak Flow	
Respiratory Examination				
ENT	Drums	Pharynx	Other	
Abdominal Examination	<u>normal</u>			
Neurological Examination	<u>normal</u>			
ECG/EKG Assessment	<u>SD, 50/min, normal morphology</u>			

Medical Doctor Declaration:

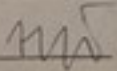
After my examination, I see no medical issues preventing the above Swimmer (A) from attempting the Ice Swimming event.

Name MUDr. MICHAL JERF Date 22, 12, 2021

Address SALDOVSKA 15, PRAHA 2, 120 09

Email MICHAL.JERF@VFH.CZ

Qualifications _____

Signature 

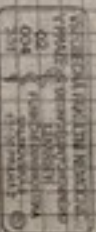


MUDr. Michal Jerf

Sex of Exam: _____
 Age of Exam: _____
 Blood Pressure: _____
 Position: _____
 Comments: _____

#11102 Orthostat
 Measurement Date: _____
 SBP: 102 mm
 DBP: 46 / 50 mm
 HR: 75 bpm
 RR: 18 bpm
 SpO2: 98% / 98%
 I/O: 47 / 30 Angles
 Scale: 2.5 mm

Interpretation:
 normal ECG

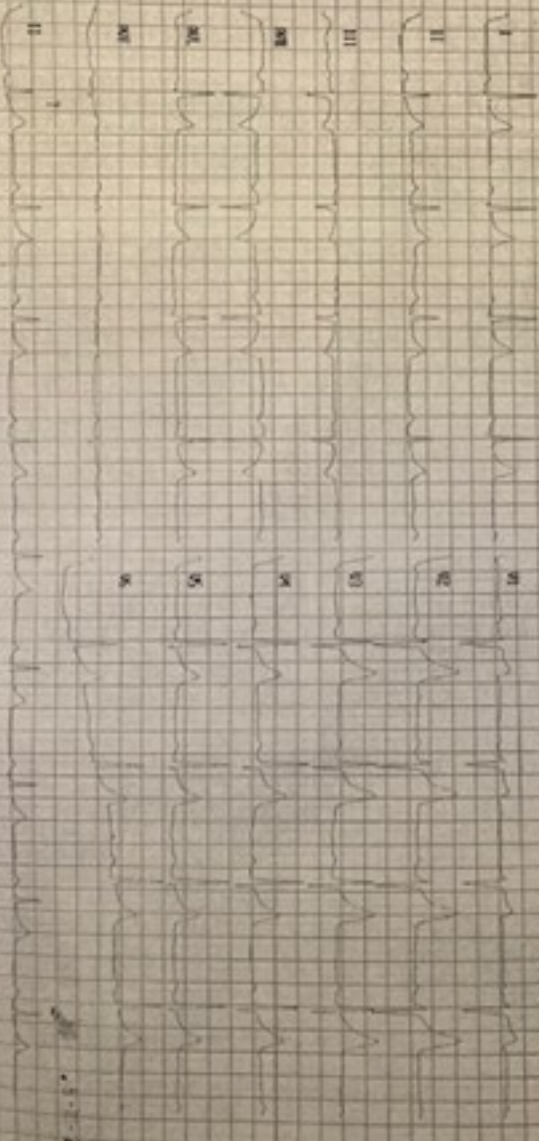


4805 4/10/09

POLAKOVSKY MD

M.D. Medical Group

report not completed



ISA® MEDICAL ASSESSMENT FORM

Date 02/10/21 This medical is valid for 6 months from date of assessment.

Section A - Swimmer [Personal Details]

Full Name	Date of Birth (DDMMYYYY)	Gender	Occupation
POLANSKY WIT	19/05/1972	<input checked="" type="radio"/> M <input type="radio"/> F	

Address	NA DOUIMCH 274/41, P9943-4		
City/Town	PALENA	Country	CZECH
Post Code	14700		
Email	polansky@centrop.cz		Phone +420 723 526 074

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"/> Y	<input type="radio"/> N
2	Past surgical history:	<input checked="" type="radio"/> Y	<input type="radio"/> N
3	Current Medication:	<input checked="" type="radio"/> Y	<input type="radio"/> N
4	Allergies:	<input type="radio"/> Y	<input checked="" type="radio"/> N
5	Cardiovascular - e.g. high blood pressure, arrhythmias:	<input checked="" type="radio"/> Y	<input type="radio"/> N
6	Parents/Siblings with cardiovascular conditions:	<input checked="" type="radio"/> Y	<input type="radio"/> N
7	Respiratory - e.g. asthma:	<input type="radio"/> Y	<input checked="" type="radio"/> N
8	Abdomen - GI:	<input type="radio"/> Y	<input checked="" type="radio"/> N
9	Neurological - e.g. epilepsy:	<input type="radio"/> Y	<input checked="" type="radio"/> N
10	ENT (ear / nose / throat):	<input type="radio"/> Y	<input checked="" type="radio"/> N
11	Eyes - Visual problems, surgery:	<input type="radio"/> Y	<input checked="" type="radio"/> N
12	Psychiatric:	<input type="radio"/> Y	<input checked="" type="radio"/> N
13	Disability:	<input type="radio"/> Y	<input checked="" type="radio"/> N
14	Hospitalised in past 5 years:	<input type="radio"/> Y	<input checked="" type="radio"/> N
15	Refused Life Insurance:	<input type="radio"/> Y	<input checked="" type="radio"/> N
16	Failed ISA Medical:	<input type="radio"/> Y	<input checked="" type="radio"/> N
17	Previous Cold H2O Swimming Experience:	<input checked="" type="radio"/> Y	<input type="radio"/> N
18	Previous issues on re-warming - hypothermia, arrhythmias:	<input type="radio"/> Y	<input checked="" type="radio"/> N

19	Previous altitude experiences:	<input type="radio"/> Y	<input type="radio"/> N
20	Previous issues at altitude:	<input type="radio"/> Y	<input checked="" type="radio"/> N
21	Previous issues at altitude:	<input type="radio"/> Y	<input checked="" type="radio"/> N
COVID 19 declaration			
1	Have you had Covid? When:	<input type="radio"/> Y	<input checked="" type="radio"/> N
2	Have you had any symptoms that may indicate COVID recently?	<input type="radio"/> Y	<input checked="" type="radio"/> N
3	Are you vaccinated for COVID? When -	<input checked="" type="radio"/> Y	<input type="radio"/> N
Comments:			

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 relevant to my Ice Swim attempt.

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

Signature  Date: 22/12/2021