

# IISA® MEDICAL ASSESSMENT FORM



Date    /    /   . This medical is Valid for 6 months from date of assessment.

## Section A – Swimmer [Personal Details]

| Full Name                    | Date of Birth (DD/MM/YYYY) | Gender                               | Occupation                         |
|------------------------------|----------------------------|--------------------------------------|------------------------------------|
| <u>Jennifer Stanger-Poss</u> | <u>19/01/1967</u>          | M <input checked="" type="radio"/> F | <u>Spets- + Informatio-Teacher</u> |

  

| Address                   | City/Town    |  |  | Country                 | Post Code   |
|---------------------------|--------------|--|--|-------------------------|-------------|
| <u>Zimkerstr. 6</u>       | <u>Uster</u> |  |  | <u>Switzerland</u>      | <u>8610</u> |
| <u>jetstori@gmail.com</u> | Email        |  |  | <u>+41/76/341/33/60</u> | Phone       |

## 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: <u>Covid</u>  | Y <input checked="" type="radio"/> N                       |  |
| 2  | Past surgical history: <u>Acute right thumb 2021</u>  | Y <input checked="" type="radio"/> N                       |  |
| 3  | Current Medication:   | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 4  | Allergies:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 5  | Cardiovascular e.g. high blood pressure, arrhythmias:   | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 6  | Parents/Siblings with cardiovascular conditions:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 7  | Respiratory – e.g. asthma:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 8  | Abdomen - GIT:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 9  | Neurological – e.g. epilepsy:   | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 10 | ENT (ear / nose / throat):  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 11 | Eyes – Visual problems, surgery:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 12 | Psychiatric:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 13 | Disability:   | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 14 | Hospitalised in past 5 years: <u>Surgery on hand right</u>  | Y <input checked="" type="radio"/> N                       |  |
| 15 | Refused Life Insurance:   | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 16 | Failed IISA Medical:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |
| 17 | Previous USIB PLD Swimming Experience: <u>ice-swim 2021 2018-2019</u><br><u>ice-swimming at open 2023</u> | Y <input checked="" type="radio"/> N                       |  |
| 18 | Previous issues on re-swimming – hypothermia, arrhythmias:  | Y <input type="radio"/> N <input checked="" type="radio"/> |  |



|                      |   |                                    |                                    |
|----------------------|---|------------------------------------|------------------------------------|
| 19                   | Previous altitude experiences: <i>Sea of Cortez 2'300 M<br/>Mayaguez / Hike above 2'500 M</i> | <input checked="" 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: <i>August 4th 2022</i>  | <input checked="" type="radio"/> Y | <input 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: <i>05/21 + July 08/21 +<br/>-12/22</i>                    | <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 authorize 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: *J. Stueber* Date: *03/01/2023*

### 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 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<br>65.5                                   | Height<br>169 cm         | BMI<br>23.7       | Temperature<br>36.8 |
|                            | Waist cm<br>83 cm                                | Pregnant?<br>no          | Disability?<br>no |                     |
| General Examination        | NAD  |                          |                   |                     |
| Cardiovascular             | Heart Rate<br>94                                 | Blood Pressure<br>111/54 |                   |                     |
| Cardiovascular Examination | Regular, no murmurs                              |                          |                   |                     |
| Respiratory                | Respiratory Rate<br>12                           | Oxygen Saturation<br>97% | Peak Flow         | 400                 |
| Respiratory Examination    | NAD  |                          |                   |                     |
| ENT                        | Drugs<br>no inhalers                             | Pharynx<br>normal        | Other<br>NAD      |                     |
| Abdominal Examination      | Tummies soft, no tenderness, normal bowel sounds |                          |                   |                     |
| Neurological Examination   | Power symmetrical, normal tendon reflexes        |                          |                   |                     |
| EKG/ERG Assessment         | NAD  |                          |                   |                     |

**Medical Doctor Declaration:**

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

Name Stangier Jennette  
Rachelina (Name) Date 25/11/2022 23/11/2022

Address Timberlye - 1140 Isles  
Penkese - 1140 Isles

Email C.rodishbacher @ kias.ch

Qualifications \_\_\_\_\_

**Pr. med. Coline Rodisbacher**  
 - Certified Ice Swimmer (CIS)  
 License No. 1 - 2019/2021  
 041 947 08 08

Signature A. C. Rodisbacher, 23/11/2022