



IISA® MEDICAL ASSESSMENT FORM

Date 12/18/23 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
Kathryn Wiseman	17/07/1964	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	ANALYST

Address	8711 Kitwalton Ct		
City/Town	Vienna	Country	USA
		Post Code	22182
Email	wisemank@cox.net	Phone	7036776393

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:	Y	N
2	Past surgical history: <u>ablation to correct a-flutter 10/22 successful stomach tumor removed</u>	<input checked="" type="checkbox"/>	N
3	Current Medication: <u>Lunesta, pramipexole</u>	Y	N
4	Allergies: <u>Cats, Latex, penicillins</u>	<input checked="" type="checkbox"/>	N
5	Cardiovascular - e.g. high blood pressure, arrhythmias: <u>a-flutter</u>	<input checked="" type="checkbox"/>	N
6	Parents/Siblings with cardiovascular conditions:	Y	<input checked="" type="checkbox"/>
7	Respiratory -e.g. asthma:	Y	<input checked="" type="checkbox"/>
8	Abdomen - GIT:	Y	<input checked="" type="checkbox"/>
9	Neurological - e.g. epilepsy:	Y	<input checked="" type="checkbox"/>
10	ENT (ear / nose / throat): <u>swimmer's ear - earplugs to prevent.</u>	<input checked="" type="checkbox"/>	N
11	Eyes - Visual problems, surgery: <u>lasic 2001</u>	<input checked="" type="checkbox"/>	N
12	Psychiatric:	Y	<input checked="" type="checkbox"/>
13	Disability:	Y	<input checked="" type="checkbox"/>
14	Hospitalised in past 5 years: <u>post surgical observation OCT 2023</u>	<input checked="" type="checkbox"/>	N
15	Refused Life Insurance:	Y	<input checked="" type="checkbox"/>
16	Failed IISA Medical:	Y	<input checked="" type="checkbox"/>
17	Previous Cold H2O Swimming Experience:	<input checked="" type="checkbox"/>	N
18	Previous issues on rewarming - hypothermia, arrhythmias:	Y	<input checked="" type="checkbox"/>



19	Previous altitude experiences:	Y	<input checked="" type="checkbox"/>
20	Previous issues at altitude:	Y	<input checked="" type="checkbox"/>
21	Previous issues at altitude:	Y	<input checked="" type="checkbox"/>
COVID 19 declaration			
1	Have you had Covid? When:	Y	<input checked="" type="checkbox"/>
2	Have you had any symptoms that may indicate COVID recently?	Y	<input checked="" type="checkbox"/>
3	Are you vaccinated for COVID? When - .	<input checked="" type="checkbox"/>	N
OCTOBER 2023			
Comments:			

Swimmer's Declaration:

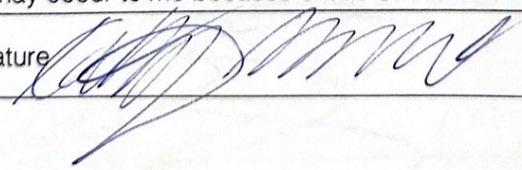
I hereby declare that to the best of my knowledge; I am in good general health, and I have disclosed all information relevant to this assessment and may be relevant to my Ice Swim attempt.

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: 12/18/23



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 162.165	Height 5' 8"	BMI	Temperature
	Waist cm	Pregnant? No	Disability? No	
General Examination				
Cardiovascular	Heart Rate 67	Blood Pressure 108/74		
Cardiovascular Examination	P-R-R			
Respiratory	Respiratory Rate 16	Oxygen Saturation	Peak Flow	
Respiratory Examination	C/A B/C A+P			
ENT	Drums	Pharynx	Other	
Abdominal Examination	Ø TB, rebound tenderness / Guarding			
Neurological Examination	A+Ox3, CN II-VIII intact			
ECG/EKG Assessment	SR with 1 RBB c 67 BPM			

Medical Doctor Declaration:

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

Name James O'Hara PhD, D.Phil, MRCP, MRCPAC Date 12/18/2023

Address 290/ Telestar Ct Ste 100

Email _____ @ _____

Qualifications Clinical Cardiac Electrophysiology / Cold weather medicine

Signature