

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
JAKUB KRYCH	31 105 / 1982	<input checked="" type="radio"/> M <input type="radio"/> F	SELF EMPLOYED

Address	UL. STEFANA GROTA-ROWECKIEGO 12				
City/Town	POZNAŃ	Country	POLAND	Post Code	61-695
Email	JAKUB.KRYCH@GMAIL.COM	Phone	+48 609 818 531		

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

19	Previous altitude experiences:	<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:	<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 - 30.06.2021 19.07.2021	<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

[Handwritten Signature]

Date: 19.01.2022

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 79	Height	BMI 25.5	Temperature 36,4°C
	Waist cm 176	Pregnant? no	Disability? no	
General Examination	Healthy			
Cardiovascular	Heart Rate 54	Blood Pressure 110/70		
Cardiovascular Examination	Healthy, Efficient			
Respiratory	Respiratory Rate 10	Oxygen Saturation 98%	Peak Flow Healthy	
Respiratory Examination	Efficient			
ENT	Drums no deviation	Pharynx no deviation	Other no deviation	
Abdominal Examination	Efficient			
Neurological Examination	No deviation			
ECG/EKG Assessment	notation correct			

Medical Doctor Declaration:

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

Name Rybacz-Kosiuch Date 10 / 01 / 2012

Address Ulica Poznani, ENEL MED Poznan'
71. Wiosny Ludow

Email _____ @ _____

Qualifications _____

Signature Prof. Lew Kosiuch

Agnieszka Rybacz-Kosiuch
Specjalista chorob wewnętrznych
Specjalista onkologii klinicznej
47 17 275

Centrum Medyczne ENEL-MED S.A.
00-195 Warszawa, ul. Słomińskiego 19 lok. 524
NIP 524-259-33-60, REGON 140802685
Nr księgi rejestrowej 000000008610
ODDZIAŁ KUPIEC POZNAŃSKI
61-831 Poznań, Pl. Wiosny Ludów 2
Tel. 22 23 07 007