

IISA® MEDICAL ASSESSMENT FORM

Date 26./01/22 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
VÁCLAVA BENKŠOVÁ	11.07.1967	M <input checked="" type="radio"/> F	

Address	ČECHOVA 58		
City/Town	Č. BUDĚJOVICE	Country	CZECH
		Post Code	37001
Email	vaclava.benksova@volny.cz	Phone	+420 602 499 360

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

19	Previous altitude experiences:	Y	<input checked="" type="radio"/> N
20	Previous issues at altitude:	Y	<input checked="" type="radio"/> N
21	Previous issues at altitude:	Y	<input checked="" type="radio"/> N
COVID 19 declaration			
1	Have you had Covid? When:	Y	<input checked="" type="radio"/> N
2	Have you had any symptoms that may indicate COVID recently?	Y	<input checked="" type="radio"/> N
3	Are you vaccinated for COVID? When - 3/3 - COMIRNATY - BIONTECH - 20.1.2022	Y	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: 26.1.2022

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 80	Height 176.7	BMI 28.69	Temperature 36.2°C
	Waist cm 90	Pregnant? NO	Disability? NO	
General Examination				
Cardiovascular	Heart Rate 60/min	Blood Pressure 115/65		
Cardiovascular Examination				
Respiratory	Respiratory Rate 12/min	Oxygen Saturation 99% sat.	Peak Flow	
Respiratory Examination				
ENT	Drums Ø	Pharynx NORMAL	Other Ø	
Abdominal Examination	NORMAL			
Neurological Examination	NORMAL			
ECG/EKG Assessment				

Medical Doctor Declaration:

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


Name MUDr. Kateřina Vonásková 101826 Date 26 / 07 / 2022

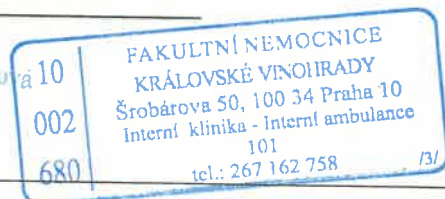
Address ŠROBÁŘKOVA 50, PRAHA 10, 100 34

Email katerina.vonasova@fnsv.cz

Qualifications MUDr.

Signature


MUDr. Kateřina Vonásková 101826



26.01.2022 12:06:55
FNKV UP-INT

Praha

Normální sinusový rytmus
Normální EKG

QRS : 76 ms
QT / QTcBaz : 402 / 408 ms
PQ : 196 ms
P : 100 ms
RR / PP : 974 / 967 ms
P / QRS / T : 23 / 5 / 28 Stupně

ID vysíláče:
číslo pokoje:
Pořadové číslo:
Indikace:
Medikace 1:
Medikace 2:
Medikace 3:

BENEŠOVÁ VÁCLAVA 62 /min
M. 7. 1967
-- / -- mmHg

Obsluha:
Objednávající lékař:
Referující lékař:
Ošetřující lékař:

10 FAKULTNÍ NEMOCNICE
002 KRÁLOVSKÉ VINOHRADY
333 Šrobárova 50, 100 34 Praha 10
Urgenční příjem
tel.: 267 152 312

10 FAKULTNÍ NEMOCNICE
002 KRÁLOVSKÉ VINOHRADY
680 Šrobárova 50, 100 34 Praha 10
Interní klinika - Interní ambulance
tel.: 267 162 738

