

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
LIBOR ŠTĚDRŮ	04.09.1966	<input checked="" type="radio"/> M <input type="radio"/> F	

Address	ROTHMAYEROVA 518		
City/Town	DRAGUJE 10	Country	CZECH REP
		Post Code	102 00
Email	lsspecial@seznam.cz	Phone	+420602252625

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:	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: <i>2020</i>	<input checked="" type="radio"/> Y	<input 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 - <i>2022</i>	<input checked="" type="radio"/> Y	<input type="radio"/> N
<u>Comments:</u> 			

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: *Stedra* Date: *29.1.2023*

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 84	Height 179	BMI	Temperature
	Waist cm	Pregnant?	Disability?	
General Examination				
Cardiovascular	Heart Rate 60	Blood Pressure 120/90		
Cardiovascular Examination				
Respiratory	Respiratory Rate 18 &	Oxygen Saturation	Peak Flow	
Respiratory Examination				
ENT	Drums	Pharynx	Other	
Abdominal Examination	6/4			
Neurological Examination	6/4			
ECG/EKG Assessment	Normal			

Medical Doctor Declaration:

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

Name MUDr. MARIE AUGUSTOVA Date 10 / 1 / 2024

Address _____

Email _____

Qualifications _____

Signature _____



Datum tisku 10.1.2024, 16:22

Posuv 25 mm/s
 Amplituda 10 mm/mV
 Filtry 1.0 s, 50 Hz
 Tepová frekv. 49 [1/min]

Intervaly

HR[1/min]	RR[ms]	RRp[%]	P[ms]	QRS[ms]	PQ[ms]	QT[ms]	QTc[ms]
49	1222	0	0	114	468	464	419



Osa P: 0° Osa QRS: -2° Osa T: 32°

Amplitudy

Svod	P+[mV]	P-[mV]	Q[mV]	R[mV]	S[mV]	R[mV]	S[mV]	T+[mV]	T-[mV]	ST[mV]	STs[mV/s]
I	-	-	-0.05	1.01	-0.05	-	-	0.27	-	-	0.27
II	-	-	-	0.44	-	-	-	0.32	-	-	0.27
III	-	-	-0.50	0.05	-	-	-	0.08	-	0.01	0.07
aVR	-	-	-	0.04	-0.72	0.04	-	-	-0.28	-	-0.28
aVL	-	-	-0.04	0.72	-0.04	-	-	0.09	-	-	0.10
aVF	-	-	-0.11	-	-	-	-	0.18	-	0.01	0.11
V1	-	-	-	0.11	-0.44	-	-	-	-0.13	0.03	-0.16
V2	-	-	-	0.46	-0.62	-	-	0.29	-	0.08	0.27
V3	-	-	-	0.34	-1.16	-	-	0.45	-	0.05	0.66
V4	-	-	-	0.61	-0.85	-	-	0.44	-	0.02	0.58
V5	-	-	-	0.87	-0.61	-	-	0.45	-	-	0.76
V6	-	-	-	0.80	-0.37	-	-	0.40	-	-	0.63

Diagnóza: Sklon osy doleva
 Inferiorni infarkt

Poznámka:

03 STANDARD MEDICA
 355 MUDr. Tomáš Šařlter
 002 Všeobecné praktické lékařství
 Olšanská 71/2666, 130 00 Praha 4
 Tel.: +420 222 729 962

