

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 |
|-----------------|----------------------------|---|------------|
| RADOMIR PUCHOFA | 14.1.1956 | M <input checked="" type="checkbox"/> F | |

| | | | |
|-----------|---------------------|------------------|-------|
| Address | TURGENĚVOVA 1138/20 | | |
| City/Town | BRNO | Country | CZECH |
| | Post Code | 618 00 | |
| Email | Phone | +420 421 104 414 | |

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 : <i>Prestance 5/5mg 1-0-0</i> | <input checked="" type="radio"/> Y | <input type="radio"/> N |
| 4 | Allergies: | Y | <input checked="" type="radio"/> N |
| 5 | Cardiovascular - e.g. <u>high blood pressure</u> , arrhythmias: | <input checked="" type="radio"/> Y | <input 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: <i>ICE MILE, CZECH CUP, WORLD CHAMPIONSHIPS</i> | <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: 18.1. - 24.1.2022 | <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 - (2x) 2.29.4.21 | <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  Date: 24.1.22



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 a 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 <i>106 kg</i> | Height <i>176 cm</i> | BMI <i>34,2</i> | Temperature <i>36,5 °C</i> |
| | Waist cm <i>116 cm</i> | Pregnant? <i>0</i> | Disability? <i>No</i> | |
| General Examination | <i>Normal findings</i> | | | |
| Cardiovascular | Heart Rate <i>57/min., reg</i> | Blood Pressure <i>115/75 mmHg</i> | | |
| Cardiovascular Examination | | | | |
| Respiratory | Respiratory Rate <i>16/min</i> | Oxygen Saturation <i>98%</i> | Peak Flow <i>7,7</i> | |
| Respiratory Examination | | | | |
| ENT | Drums <i>0</i> | Pharynx <i>0</i> | Other <i>0</i> | |
| Abdominal Examination | <i>Physiological findings</i> | | | |
| Neurological Examination | <i>Physiological findings</i> | | | |
| ECG/EKG Assessment | <i>s.r., reg, HR 57/min., PR 0,16, QRS 0,08, QTc 0,40 2ES: Physiological ECG</i> | | | |

Medical Doctor Declaration:

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

PAVEL HOMOLKA M.D., PhD

Name _____ Date *24. 01. 2022*

Address *University Hospital, Brno, Pekařská 53, Czech Republic*

Email *pavel.homolka@fnusa.cz*

Qualifications *General Practitioner, Sports Medicine specialisation*

Signature *[Signature]* **24. 01. 2022** **UDr. P. Homolka, Ph.D.**
50617

Fakultní nemocnice u sv. Anny v Brně
Pekařská 664/53, 656 91 BRNO
Klinika tělovýchovného lékařství a rehabilitace
Ambulance tělovýchovného lékařství

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Suchopa Radomir
 14.01.1956 Male
 66 years
 177 cm / 106 kg

HR 57/min
 Axis: P 50°, QRS 64°, T 26°
 Intervals: RR 1052 ms, P 146 ms, PR 186 ms, QRS 100 ms, QT 406 ms, QTc 398 ms

SINUS RHYTHM
 MODERATE AMPLITUDE CRITERIA FOR LVH
 5.79

UNCONFIRMED REPORT
 Fakultní nemocnice u sv. Anny v Brně
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