

## IISA® MEDICAL ASSESSMENT FORM

Date 21/01/2022 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
Jana Matušíková	15.11.1957	M <input checked="" type="radio"/> F	

Address	Foerstrova 985		
City/Town	Slavkov u. Brna	Country	Czech
		Post Code	68401
Email		Phone	+420 777 915 870


### 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: <i>2010 - 2022, CZECH CUP, WORLD CHAMPION SHIP, etc.</i>	Y	<input checked="" 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: <span style="float: right;">NO</span>	Y	<input checked="" type="radio"/> N
2	Have you had any symptoms that may indicate COVID recently? <span style="float: right;">NO</span>	Y	<input checked="" type="radio"/> N
3	Are you vaccinated for COVID? When - <span style="float: right;">3rd. - 17.01.2022</span>	<input checked="" type="radio"/> Y	N
<u>Comments:</u>           			

## Swimmer's Declaration:

<p>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.</p> <p>I authorise my doctor and medical staff attendants at this assessment, to disclose any relevant information to my Swim Medical Officer or Safety staff.</p> <p>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.</p> <p>I will deliver this assessment to the Swim - Observers/IISA Officials/Medical Officer and include this when applying to verify my Swim by IISA.</p> <p>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.</p>
<p>Signature </p> <p style="text-align: right;">Date: <span style="color: blue;">21.01.2022</span></p>



## 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 <i>62 kg</i>	Height <i>160 cm</i>	BMI <i>24,2</i>	Temperature <i>36,2°C</i>
	Waist cm	Pregnant?	Disability?	
General Examination	<i>Normal finding</i>			
Cardiovascular	Heart Rate <i>58/min.</i>	Blood Pressure <i>130/80 mmHg</i>		
Cardiovascular Examination				
Respiratory	Respiratory Rate <i>14/min</i>	Oxygen Saturation <i>98%</i>	Peak Flow <i>4,4 - normal</i>	
Respiratory Examination				
ENT	Drums <i>0</i>	Pharynx <i>normal</i>	Other <i>no</i>	
Abdominal Examination	<i>Normal finding of gastrointestinal system</i>			
Neurological Examination	<i>Normal neurological examination</i>			
ECG/EKG Assessment	<i>Sinus rhythm, HR 58/min, physiological finding.</i>			

### Medical Doctor Declaration:

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

Name *PAVEL HOMOLKA M.D., Ph.D.* Date *21 / 01 / 2022*

Address *University hospital, Telavska 53, BRNO, Czech Republic*

Email *pavel.homolka@fnusa.cz*

Qualifications *general practitioner, sports medicine specialist*

Signature *21. 01. 2022*

MUDr. 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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Fourth section of handwritten text, possibly a concluding paragraph or list item.

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Jméno: **Matuščíková Jana**

Pacient č.: **5761151011**

Případ č.:

**Interpretace**  
SINUS RHYTHM  
NORMAL ECG

**Intervaly**  
RR 1024 ms  
P 108 ms  
PQ 146 ms  
QRS 72 ms  
QT 418 ms  
QTc 413 ms

**SF 58 /min**  
Osy  
P 59°  
QRS 46°  
T 42°

Narozen: 15.11.1957  
Věk: 63 let  
Pohlaví: Žena  
Výška: 159,0 cm  
Váha: 60,8 kg  
TK: 140 / 80 mmHg

Medikace: vlezé  
Pozn.:

Kontroloval

FN USV. A. TRNÁVEK  
Jekla 453, 602 91 3700  
602 91 3700  
Klinická slovnice, odborná lékařská  
a rehabilitační  
ambulance funkční diagnostiky  
I. posch. 3353

MUDr. L. Hrábovská  
4792  
21. 01. 2022

