

IISA® MEDICAL ASSESSMENT FORM

Valid for 12 months from the date of assessment

IISA
INTERNATIONAL
ICE SWIMMING
ASSOCIATION

Full Name VLAD DENISA Assessment date: 19.12.2024

SECTION A – SWIMMER DETAILS [filled in by the Swimmer]

Date of Birth (DD/MM/YYYY) 24/08/1983 AGE 41 years
PARA [if applicable]. _____ SEX M (F/O) _____
Physical address PAGULUI 58
City / Town CLUJ-NAPOCA Post Code 500481 Country ROMANIA
Email address DENISAVLAD83@GMAIL.COM Phone +40749889195
Occupation MANAGER
Next of Kin (name) ADRIAN SOIT Relationship PARTNER Phone +40751133811

SECTION A1 – SWIM DETAILS [filled in by the Swimmer]

Maximum Swims distance (m) 250 M
Expected Swims dates (month) 01.2025
Anticipated water temperatures 3-5°C

SECTION B – SWIMMER MEDICAL HISTORY [filled in by the Swimmer]

SWIMMER:

Have you experienced or are you aware of: (Y/N - If yes, please provide short details):

1. High Blood pressure (Hypertension)? N
2. Palpitations? (Irregular heartbeats or a racing heart)? N
3. A heart condition or had a stroke? (If yes, date of last occurrence) N
4. Fainted or blacked out during or after exercise? N
5. Had an unexpected dizzy turn during or after exercise? N
6. Suffer from chest pain, tightness or heaviness in the chest during or after exercise. N
7. Are you short of breath or tired more quickly than others during exercise? N
8. Do you have a Pacemaker or Defibrillator? (if yes – date of installation) N
9. Do you have Marfan's syndrome (an inherited disorder that affects connective tissue) N

FAMILY HISTORY - Cardiovascular [filled in by the Swimmer]

10. Has an immediate family member had a heart attack or sudden cardiac death less than 50 years old? N
11. Has an immediate family member been diagnosed with a cardiovascular condition, e.g. Cardiomyopathy, Marfan's syndrome, Long QT, Heart rhythm disorders, or require a pacemaker? N

SWIMMER: Do you have?

12. A respiratory condition? –e.g. Asthma, Sleep apnoea, other N
-
13. Have you had an asthma attack requiring urgent medical attention in the last 12 months? N
-
14. Gastrointestinal /Abdomen problems? Reflux, Inflammatory bowel disease, Irritable bowel disease, other...? N
-
15. Bleeding disorders or previous blood clots? N
-
16. Epilepsy, Parkinson's, Migraines Other N
-
17. Musculoskeletal or Rheumatological problems: N
-
18. Eyes – Visual problems: N
-
19. Endocrine problems: eg Diabetes, Thyroid, other... N
-
20. Psychiatric problems: e.g. Depression, Anxiety, ADHD, ASD, etc. N
-
21. Skin conditions: Psoriasis, Eczema etc N
-
22. Other Medical conditions or Disability not already mentioned N/A
-
23. Past Surgery History: (List operations)
-
24. Current Medication: NONE (N/A)
-
25. Allergies: NONE (N/A)
-
26. Have you been hospitalised in the past five years? (If yes, why?)
-
27. Have you been refused Life Insurance? (If yes, why?) N
-
28. Have you been told it is dangerous to participate in physical activity? (If yes, why?) N
-
29. Have you failed an IISA medical? (If yes, why?) N
-
30. Previous Cold H2O Swimming Experience: ORASEA, 2024
-
31. Date and Distances in the last two years: 2 x 250 m
-
32. Previous issues on rewarming – hypothermia, arrhythmias? (if yes, what happened?) N
-
33. Altitude experiences: (If yes, please give details) N
-
34. Previous issues at altitude: (If yes, please give details): N
-

Comments:

N

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 pertinent to my Ice Swim attempt. At this assessment, I authorise my doctor and medical staff attendants 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. I am obligated to inform IISA and the Swim Medical and Safety staff of any changes in my health from 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 the risks involved, and I hold none involved in my Swim attempt responsible for any mishap that may occur to me because of this Swim.

Date 19.12.2024 Signature Prof.

Section C – For the Examining Doctor

The person named above wishes to attempt an Ice Swim. An Ice Swim requires the swimmer to swim at 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

Weight 72 kg
Height 170 cm
BMI 25
Temperature 36.5 C
Waist 74 cm
Pregnant NO
Disability? NO

GENERAL EXAMINATION

Heart Rate 75 bpm
Blood Pressure 110/6
Cardiovascular examination:
Respiratory Rate 14
Oxygen Saturation 98%
Peak Flow _____
Respiratory examination:

ENT:

Drums _____

Pharynx _____

Abdominal examination:

NORMAL

Neurological examination:

NORMAL

ECG /EKG assessment:

ECG NORMAL

MEDICAL DOCTOR DECLARATION

After my examination, I saw no medical issues preventing the above Swimmer from attempting the ice swimming event.

Full Name ANGHEL ALEXANDRU ANI
Date 19.12.2024
Address Ludwig ROTH 19
Email _____
Qualifications SPORTS MEDICINE
Signature [Signature]

Dr. ANGHEL ALEXANDRU-AZIN
medic specialist
medicină sportivă
cod G36615



DI Diagnostic:



Dr. ANGHEL ALEXANDRU-ALIN
 medic specialist
 medicina sportiva
 Cod 336615

1" 2" RS - 75 bpm; 4" Ax aRS 30° 6" 15 mm