

# IISA® MEDICAL ASSESSMENT FORM

Valid for 12 months from the date of assessment



Full Name \_\_\_\_\_ Assessment date: \_\_\_\_\_

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

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_ years  
PARA [if applicable]. \_\_\_\_\_ SEX \_\_\_\_\_ M/F/O \_\_\_\_\_  
Physical address \_\_\_\_\_  
City / Town \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Next of Kin (name) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Maximum Swims distance (m) \_\_\_\_\_  
Expected Swims dates (month) \_\_\_\_\_  
Anticipated water temperatures \_\_\_\_\_

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

### 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?  
\_\_\_\_\_
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?  
\_\_\_\_\_

**SWIMMER:** Do you have?

12. A respiratory condition? –e.g. Asthma, Sleep apnoea, other

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13. Have you had an asthma attack requiring urgent medical attention in the last 12 months?

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14. Gastrointestinal /Abdomen problems? Reflux, Inflammatory bowel disease, Irritable bowel disease, other...?

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15. Bleeding disorders or previous blood clots?

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16. Epilepsy, Parkinson's, Migraines Other

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17. Musculoskeletal or Rheumatological problems:

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18. Eyes – Visual problems:

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19. Endocrine problems: eg Diabetes, Thyroid, other...

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20. Psychiatric problems: e.g. Depression, Anxiety, ADHD, ASD, etc.

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21. Skin conditions: Psoriasis, Eczema etc

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22. Other Medical conditions or Disability not already mentioned

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23. Past Surgery History: (List operations)

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24. Current Medication:

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25. Allergies:

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26. Have you been hospitalised in the past five years? (If yes, why?)

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27. Have you been refused Life Insurance? (If yes, why?)

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28. Have you been told it is dangerous to participate in physical activity? (If yes, why?)

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29. Have you failed an IISA medical? (If yes, why?)

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30. Previous Cold H2O Swimming Experience:

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31. Date and Distances in the last two years:

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32. Previous issues on rewarming – hypothermia, arrhythmias? (if yes, what happened?)

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33. Altitude experiences: (If yes, please give details)

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34. Previous issues at altitude: (If yes, please give details):

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Comments:

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**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 \_\_\_\_\_ Signature \_\_\_\_\_

## 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 \_\_\_\_\_ kg  
Height \_\_\_\_\_ cm  
BMI \_\_\_\_\_  
Temperature \_\_\_\_\_ C  
Waist \_\_\_\_\_ cm  
Pregnant \_\_\_\_\_  
Disability? \_\_\_\_\_

### GENERAL EXAMINATION

Heart Rate \_\_\_\_\_  
Blood Pressure \_\_\_\_\_  
Cardiovascular examination:  
Respiratory Rate \_\_\_\_\_  
Oxygen Saturation \_\_\_\_\_  
Peak Flow \_\_\_\_\_  
Respiratory examination:

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ENT:

Drums \_\_\_\_\_  
Pharynx \_\_\_\_\_  
Abdominal examination:

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Neurological examination:

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ECG /EKG assessment:

### MEDICAL DOCTOR DECLARATION

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

Full Name \_\_\_\_\_  
Date \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Qualifications \_\_\_\_\_  
Signature \_\_\_\_\_

