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INTERNATIONAL ICE SWIMMING ASSOCIATION

ICE SWIM MEDICAL ASSESSMENT FORM

Section A – Swimmer - Personal Details

Full Name	Date of Birth	Gender	Occupation
	_ _/ _ _/ _ _ _ _	M / F	

Address					
City/Town		Country		Post Code	
				Phone	

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	Yes	No
2 Past surgical history	Yes	No
3 Current Medication	Yes	No
4 Allergies	Yes	No
5 Cardiovascular - e.g. high blood pressure, arrhythmias	Yes	No
6 Parents/Siblings with cardiovascular conditions	Yes	No
7 Respiratory –e.g. asthma	Yes	No
8 Abdomen - GIT	Yes	No
9 Neurological – e.g. epilepsy	Yes	No
10 ENT (ear / nose / throat)	Yes	No

11 Eyes – Visual problems, surgery	Yes	No
12 Psychiatric	Yes	No
13 Disability	Yes	No
14 Hospitalised in past 5 years	Yes	No
15 Refused Life Insurance	Yes	No
16 Failed IISA Medical	Yes	No
17 Previous Cold H20 Swimming Experience	Yes	No
18 Previous issues on rewarming – hypothermia, arrhythmias	Yes	No
19 Previous altitude experience	Yes	No
20 Previous issues at altitude	Yes	No
Comments:		

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 possible mishap that may occur to me because of this Swim.
Signature Date:

Section C – For the Examining Doctor

The above names person wishes to attempt an Ice Swim. An Ice Swim requires the swimmer to swim a distances of 1km to 1mile in water temperature of 5C or lower, unassisted and wearing a standard swimming costume, one cap and a pair of googles.
Please indicate your assessment outcome:

PRE-SWIM MEDICAL

General	Weight	Height	BMI	Temperature
General Examination				
Cardiovascular	Heart Rate	Blood Pressure		
Cardiovascular Examination				
Respiratory	Respiratory Rate	Oxygen Saturation	Peak Flow	
Respiratory Examination				
ENT	Drums	Pharynx	Other	
Abdominal Examination				
Neurological Examination				
ECG/EKG Assessment				
Overall				

Medical Doctor Declaration:

After my examination, I consider _____ to be currently

FIT / UNFIT top attempt an ICE Swim as described above.

Name_____ Date_____/_____/_____

Address_____

Email_____@_____

Qualifications_____

Signature_____