

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
Pavel MIKULASEK	08/01/1977	<input checked="" type="radio"/> M <input type="radio"/> F	designer

Address	Těchov 139		
City/Town	BLANSKO	Country	ČR
		Post Code	678 01
Email	pmikulasek.bk@gmail.com	Phone	+420 731 437 899


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>10 years competition in winter swimming</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: <i>2x, 10/2020 and 01/2021</i>	<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 - <i>3x, last 09/11/2021</i>	<input checked="" type="radio"/> Y	<input type="radio"/> 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>	
Signature	
Date:	<i>21/01/2022</i>



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>83 kg</i>	Height <i>182 cm</i>	BMI <i>25,0</i>	Temperature <i>36,8 °C</i>
	Waist cm <i>89 cm</i>	Pregnant? <i>0</i>	Disability? <i>0</i>	
General Examination	<i>Normal findings</i>			
Cardiovascular	Heart Rate <i>58/min</i>	Blood Pressure <i>140/70</i>		
Cardiovascular Examination	<i>Normal findings of cardiovascular system</i>			
Respiratory	Respiratory Rate <i>15/min</i>	Oxygen Saturation <i>98%</i>	Peak Flow <i>8,7 - normal</i>	
Respiratory Examination	<i>Normal findings of respiratory examination</i>			
ENT	Drums <i>0</i>	Pharynx <i>normal</i>	Other <i>0</i>	
Abdominal Examination	<i>Normal findings</i>			
Neurological Examination	<i>Normal neurological findings</i>			
ECG/EKG Assessment	<i>sinus rhythm, HR 58/min, regular, physiological RBBB.</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.* Date *21. 01. 2022*

Address *University Hospital BRNO, Pekařská 77, Czech Republic*

Email *pavel.homolka@fnusa.cz*

Qualifications *general physician, sports medicine specialization*

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



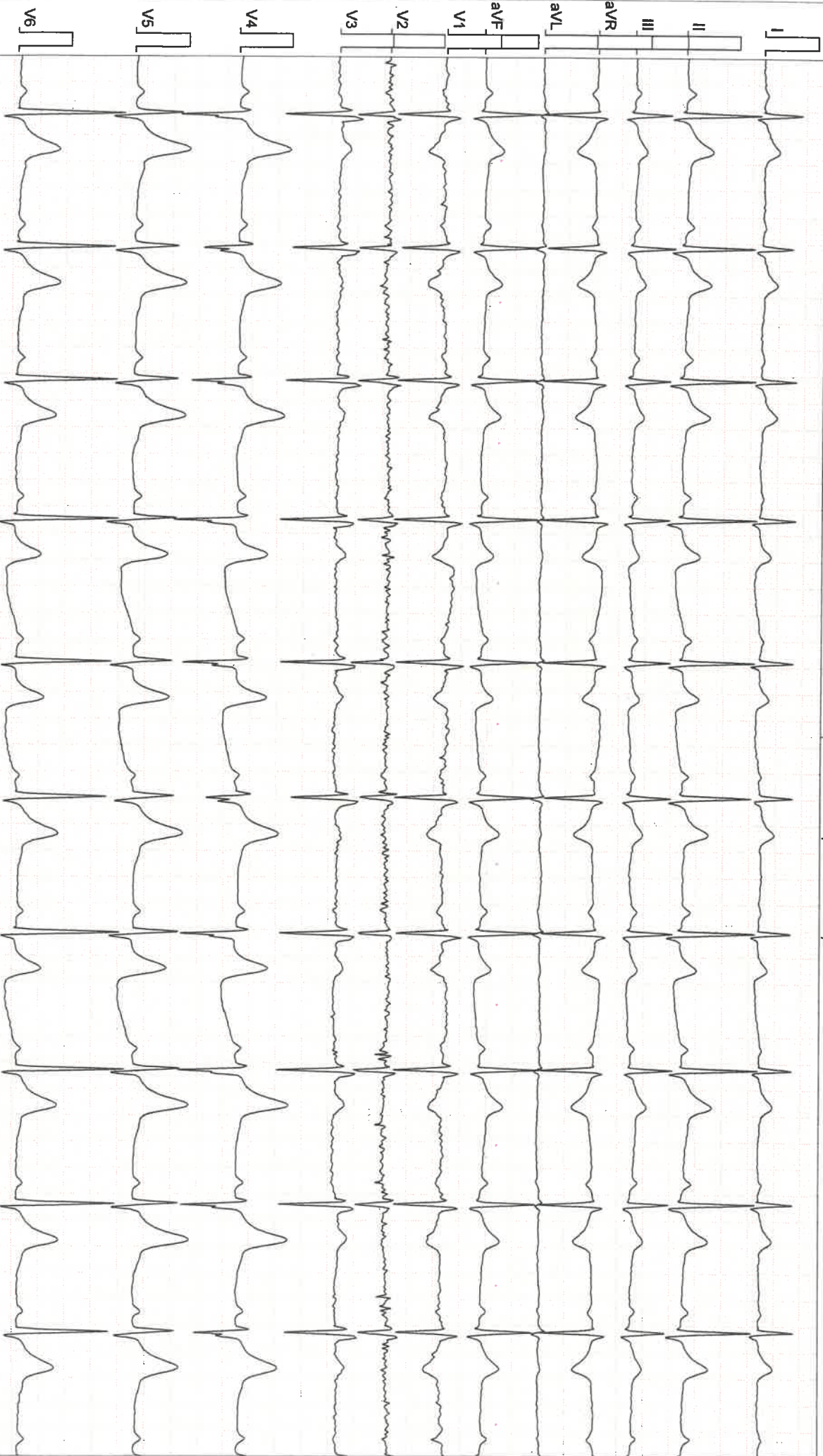
Mikulášek Pavel

ID: 7701083764, Narozen: 8.1.1977 (Muž 44), 83,4 kg, 181,5 cm
Datum testu: 3.11.2021 7:55:01

MUDr. Luboš Hrazdila s.r.o.

Čas: R 00:11 - Manuální

Zátěž: 25W, TF: 58/min, TK: 140/70



Filter: 0,07 Spline - 90 Adapt, ~50 [Hz]

25,00 mm/sek 10,0 mm/mV

MUDr. Luboš Hrazdila s. r. o.

BTL CardioPoint 2.30.33006.0, DIAG: 2.0.2.0; ECG: BTL-08 ECG, SN: 071D-B-02695

BTL CardioPoint - Ergo



Mikulášek Pavel

ID: 7701083764, Narozen: 8.1.1977 (Muž 44), 83,4 kg, 181,5 cm
Datum testu: 3.11.2021 7:55:01

MUDr. Luboš Hrazdira s.r.o.

Informace o pacientovi

Datum narození: 8.1.1977
Věk: 44
Pohlaví: Muž
Hmotnost: 83,4 kg
Výška: 181,5 cm
Kouřák:
Kardiostimulátor:

Anamnéza

RA: matka Ca prsu v 36letech, v dlouhodobé remisi
OA: bezvýznamná
FA: sine
Nekouří
Alkohol při
Obj-dýchání alveol., bvf., srdeční akce prav., ozvy ohraničené, břicho-malá hernia umbil., játra a slezina nezv.,
POhybový aparát: svalová dysbalance zad

Medikace

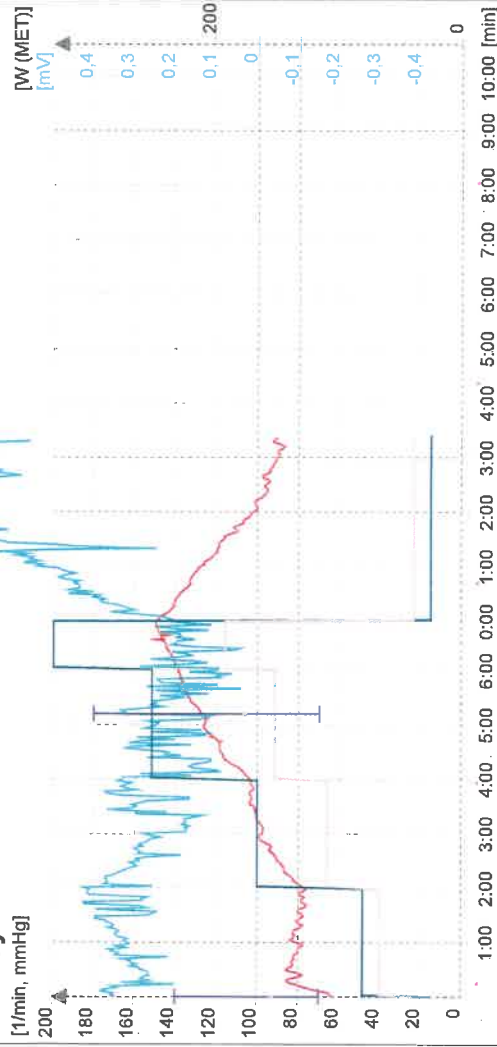
Důvod vyšetření

TVL

Důvod pro ukončení

dušnost přes roušku

Trendy



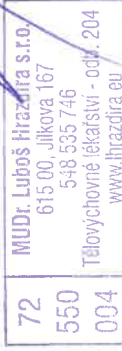
Závěr

Referenční EKG: normální, Funkční kapacita: normální, Změna TF při zátěži: odpovídající, Změna TK při zátěži: normální křivý tlak krve - odpovídající reakce, Bolest na hrudi: žádná, Arytmie: žádná, Změny ST: žádné, Celkový dojem: Normální zátěžový test
Tolerance zátěže je 330W., tj. 4 W/kg.

Schopen sportovní zátěže bez omezení

Doporučení: kompenzační cvičení na zádové svalstvo

MUDr. Iva Tomášková Ph.D.
Tělovýchovný lékař odb. 204



Personál

Lékař:
Technik:

Hrazdira, MUDr.

Shrnutí

Datum testu: 3.11.2021
Čas testu: 7:55
Zátěžové zařízení: Kettler, CX1
Protokol: 1W/kg 2min
Celkové trvání: 06:53
Dosažená zátěž: 330W (~3.96W/kg ~14.5MET) = 151% Predikce (218W) - na 53 s
TF v klidu: 61
Vrcholová TF: 149 = 85% Predikce (175) --- 06:54
Zátěž (330W)

140/70

8540
22833 = 2,7x DP v klidu
Max. ST deprese: V1 -0.69mV 04:26 Zátěž 250W
Max ST elevace: V5 1.02mV 02:18 Zotavení 25W
Index ST/TF: 2.3 μ V/bpm (abnormální)