

INTERNATIONAL ICE SWIMMING ASSOCIATION



ICE SWIM MEDICAL ASSESSMENT FORM

Section A – Swimmer - Personal Details

Full Name	Date of Birth	Gender	Occupation
DUNCAN	20/11/75	(M) F	

Address	24 NORT AVE, TORBAY		
City/Town	AUCKLAND	Country	NZ
	021 807 517	Post Code	0603
		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 <input checked="" type="checkbox"/>
2 Past surgical history	<input checked="" type="checkbox"/> Yes	No
Popliteal entrapment / COMPARTMENT SYNDROME 1999		
3 Current Medication	<input checked="" type="checkbox"/> Yes	No
CHOLESTROL		
4 Allergies	Yes	No <input checked="" type="checkbox"/>
5 Cardiovascular - e.g. high blood pressure, arrhythmias	Yes	No <input checked="" type="checkbox"/>
6 Parents/Siblings suffered from adverse Cardiovascular condition	Yes	No <input checked="" type="checkbox"/>
7 Respiratory - e.g. asthma	Yes	No <input checked="" type="checkbox"/>
8 Abdomen - GIT	Yes	No <input checked="" type="checkbox"/>
9 Neurological - e.g. epilepsy	Yes	No <input checked="" type="checkbox"/>
10 ENT (ear / nose / throat)	Yes	No <input checked="" type="checkbox"/>

11 Eyes – eyesight	Yes	<input checked="" type="checkbox"/> No
12 Psychiatric	Yes	<input checked="" type="checkbox"/> No
13 Disability	Yes	<input checked="" type="checkbox"/> No
14 Hospitalised in past 5 years	Yes	<input checked="" type="checkbox"/> No
15 Refused Life Insurance	Yes	<input checked="" type="checkbox"/> No
16 Failed IISA Medical	Yes	<input checked="" type="checkbox"/> No
17 Previous Cold H2O Swimming Experience	<input checked="" type="checkbox"/> Yes	No
18 Previous issues on rewarming – hypothermia, arrhythmias	Yes	<input checked="" type="checkbox"/> No
19 Previous altitude experience	<input checked="" type="checkbox"/> Yes	No
20 Previous issues at altitude	Yes	<input checked="" type="checkbox"/> No
Comments:		

Declaration:

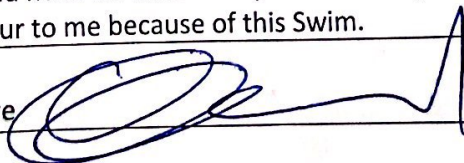
I hereby declare that to the best of my knowledge, I am in good general health and I have disclosed all information relevant to this assessment and may be relevant to my Ice Swim attempt. I authorise my Doctor and medical staff attendants at this assessment, to disclose any relevant information to my 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:

18/6/21

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 goggles.
Please indicate your assessment outcome:

PRE-SWIM MEDICAL

General	<u>Weight</u> 89kg	<u>Height</u> 174 cm	<u>BMI</u> 29.4	<u>Temperature</u> T 35.7
Cardiovascular System	<u>Heart Rate</u> 60	<u>Blood Pressure</u> 130/70		<u>Examination</u> Normal
Respiratory System	<u>Respiratory Rate</u> 8 breaths/min	<u>Oxygen Saturation</u> 97%	<u>Peak flow</u> N/A	<u>Examination</u> Normal
Ear Nose & Throat	<u>Drums</u> No abnormalities	<u>Pharynx</u> Normal	<u>Other</u>	<u>Examination</u> Normal
Abdomen	No abnormal findings			
Neurological System	Normal			
ECG/EKG	N/A			
Overall:	Healthy.			

Medical Doctor Declaration:

After my examination, I consider Duncan Kukard to be currently FIT / ~~UNFIT~~ to attempt an ICE Swim as described above.

Name DEREK REINECKE Date 18 / 06 / 2021

Address 119 Apollo Drive Albany Auckland.

Email mc2.admin @ apollomedical.co.nz

Qualifications MBChB

Signature [Signature]