



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
SARKA LANDSMANNOVA	31/05/1975	M <input checked="" type="radio"/> F	

Address	SPERDUK 459				
City/Town	PRAHA	Country	CR	Post Code	14900
Email	sarka.la@seznam.cz		Phone	723 303 939	

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	N
2	Past surgical history:	<input checked="" type="checkbox"/>	N
3	Current Medication :	<input checked="" type="checkbox"/>	N
4	Allergies:	<input checked="" type="checkbox"/>	N
5	Cardiovascular - e.g. high blood pressure, arrhythmias:	<input checked="" type="checkbox"/>	N
6	Parents/Siblings with cardiovascular conditions:	<input checked="" type="checkbox"/>	N
7	Respiratory –e.g. asthma:	<input checked="" type="checkbox"/>	N
8	Abdomen - GIT:	<input checked="" type="checkbox"/>	N
9	Neurological – e.g. epilepsy:	<input checked="" type="checkbox"/>	N
10	ENT (ear / nose / throat):	<input checked="" type="checkbox"/>	N
11	Eyes – Visual problems, surgery:	<input checked="" type="checkbox"/>	N
12	Psychiatric:	<input checked="" type="checkbox"/>	N
13	Disability:	<input checked="" type="checkbox"/>	N
14	Hospitalised in past 5 years:	<input checked="" type="checkbox"/>	N
15	Refused Life Insurance:	<input checked="" type="checkbox"/>	N
16	Failed IISA Medical:	<input checked="" type="checkbox"/>	N
17	Previous Cold H2O Swimming Experience: CZECH CUP	Y	<input checked="" type="checkbox"/>
18	Previous issues on rewarming – hypothermia, arrhythmias:	Y	N

19	Previous altitude experiences:	Y	N
20	Previous issues at altitude:	Y	N
21	Previous issues at altitude:	Y	N
COVID 19 declaration			
1	Have you had Covid? When:	<input checked="" type="checkbox"/>	N
2	Have you had any symptoms that may indicate COVID recently?	<input checked="" type="checkbox"/>	N
3	Are you vaccinated for COVID? When - <i>9.2.2022</i>	Y	<input checked="" type="checkbox"/>
<u>Comments:</u> 			

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 relevant to my Ice Swim attempt.

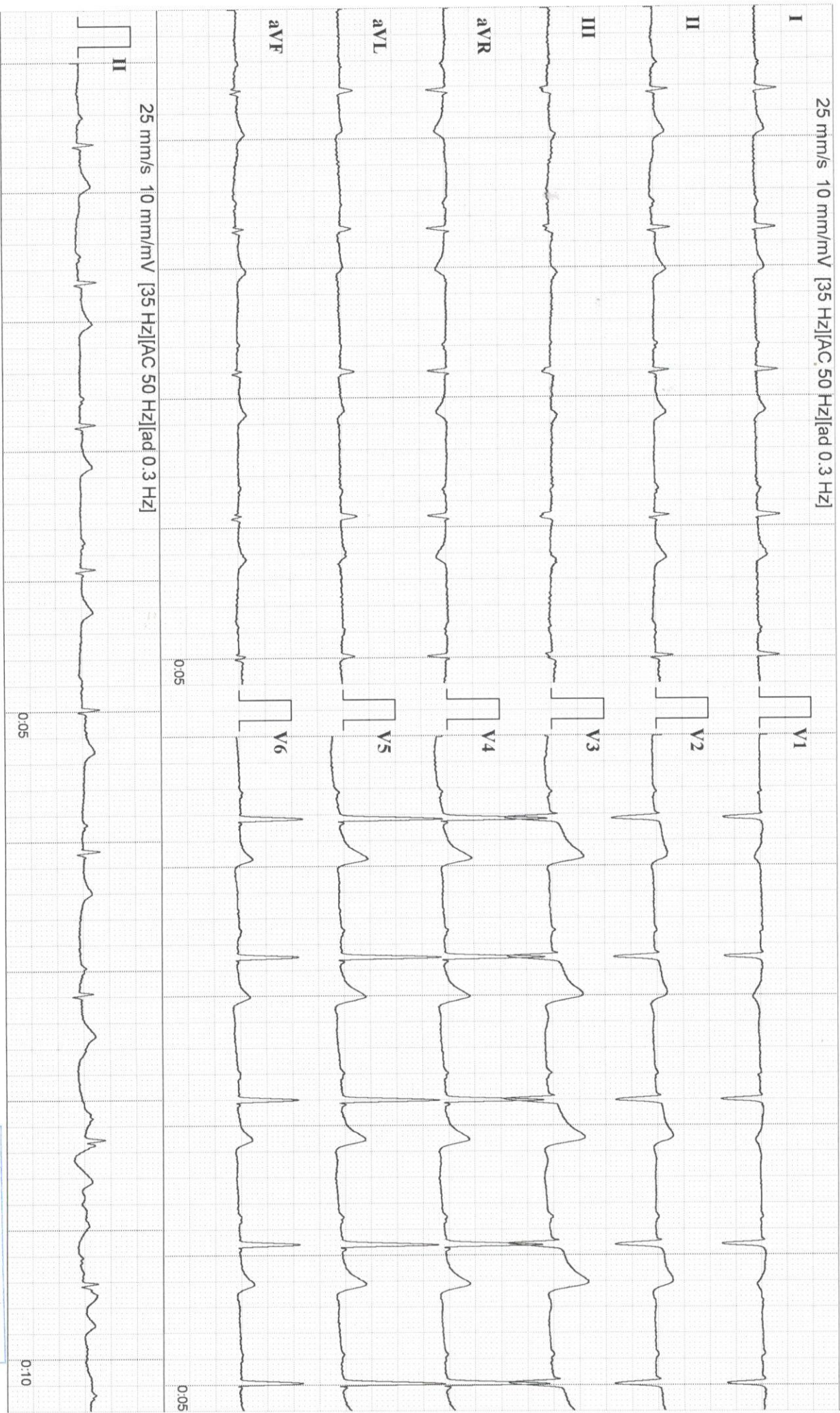
I authorise my doctor and medical staff attendants at this assessment, to disclose any relevant information to my Swim Medical Officer or Safety staff.

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 mishap that may occur to me because of this Swim.

Signature *Sasha Landmanmora* Date: *20.1.2024*



TF [1/min]

P 81 ms
PQ 193 ms
QRS 70 ms
QT 423 ms
QTc 402 ms

53

RR 1113 ms

Odpadlá elektroda C5

REKU s.r.o.
Hviezdoslavova 519/10, 140 00 Praha 4
191 MUDr. REGINA KUPSOVÁ
001 všeobecné praktické lékařství
IČO: 24775258, Iev. MUDr. Kúpsová

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>64</i>	Height <i>171</i>	BMI <i>21,89</i>	Temperature <i>36,5</i>
	Waist cm	Pregnant? <i>/</i>	Disability? <i>/</i>	
General Examination				
Cardiovascular	Heart Rate <i>57</i>	Blood Pressure <i>110/76</i>		
Cardiovascular Examination				
Respiratory	Respiratory Rate <i>14/min</i>	Oxygen Saturation <i>98%</i>	Peak Flow	
Respiratory Examination				
ENT	Drums	Pharynx	Other	
Abdominal Examination	<i>} normal</i>			
Neurological Examination				
ECG/EKG Assessment	<i>Normal, regular, 57/min, normal P81, PQ 193, QRS 50, ST 102</i>			

Medical Doctor Declaration:

After my examination, I see no medical issues preventing the above Swimmer (A) from attempting the Ice Swimming event.

Name _____ Date *9, 1, 2024*

Address _____

Email _____ @ _____



Qualifications _____

Signature _____