



INTERNATIONAL ICE SWIMMING ASSOCIATION IRELAND

MEDICAL FOR 1K IISA NATIONAL CHAMPIONSHIPS WORLD CUP SERIES ICE MILE OR 1K WORLD CHAMPIONSHIPS

The examination will take your doctor a little time; please make sure you book and timely appointment and an ECG. No application to IISA will be accepted without a medical examination. Any fee in respect of this medical examination is the responsibility of swimmer. Please advise your Doctor at the appointment of the exact requirements of this event: i.e. to swim 1000m in sub 5 degrees waters. This examination must take place within 3 months of your swim date.

NAME OF SWIMMER			
MALE	FEMALE	DOB	AGE
ADDRESS			
IISA COUNTRY REPRESENTED			
NOK CONTACT NAME AND CONTACT NUMBER			

PAST MEDICAL HISTORY PLEASE LIST

HEIGHT	METERS		WEIGHT	KG	
EAR EXAMINATION	R.DRUM	CLEAR	R.CANAL	CLEAR	
	L.DRUM	CLEAR	L.CANAL	CLEAR	
IS HEARING IMPAIRED? YES NO					
SINUSES CLEAR		NOSE CLEAR		THROAT CLEAR	
CARDIOVASCULAR SYSTEM		BP		RESTING HEART RATE	
CLEAR					
PULSE O₂ ON ROOM AIR			CHEST STATUS: CLEAR		

ECG

**ORIGINAL TRACING / PRINTOUT MUST BE ATTACHED AND SIGNED BY THE PRACTITIONER
IF ECG SHOWED ANY IRREGULARITIES PLEASE INDICATE:**

ALLERGIES:

I the swimmer hereby declare that to the best of my knowledge, I am in good general health and that I have not omitted any information that might be relevant to my fitness to swim.

I authorise my crew to disclose any detail of my past or present medical history if requested to do so by an IISA Official. I agree that relevant information about my health may be disclosed to the persons directly concerned with my Ice Kilometer swim.

I DECLARE THAT I WILL INFORM IISA OF ANY MEDICAL CONDITION THAT OCCURS AFTER THE PRESENTATION OF THIS MEDICAL APPLICATION FORM AND BEFORE I MAKE MY ATTEMPT TO COMPLETE AN ICE KILOMETER IN SUB 5 DEGREES CELCIUS WATER

I ACCEPT THAT ICE SWIMMING IS OF AN EXTREME NATURE AND WILL REQUIRE MY HEALTH TO BE IN EXCELLENT CONDITION.

SIGNED:APPLICANT		DATE	
SIGNED:EXAMINING DOCTOR		DATE	

DOCTOR'S NAME AND ADDRESS OR PRACTICE STAMP

CONTACT NUMBER: