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MEDICAL APPLICATION FORM

Section **A**

Swimmer's Notes

- Book an appointment with your doctor early. The examination Section B will take your doctor longer than usual. Fees for this medical examination are your responsibility.
- Answer all questions. Both Medical Certificates (Section A Medical History and Section B Medical Examination) must be completed in full.
- Check fully before posting. Ensure all pages are signed where required. Keep a copy for your records.
- This Medical form is to provide the JLDSC and your pilot with evidence that an appropriate medical expert has carried out a relevant medical assessment and is of the opinion that your application to attempt to swim the course stated below as part of a relay or as a solo attempt (as applicable) under the auspices of the JLDSC, is appropriate; no representation is thereby expressed or implied by the JLDSC as to the appropriateness or otherwise of the assessment and opinion certified by this form.
- Information supplied on this medical form may be disclosed to your pilot.
- This form must be completed after 1st January in the year of your swim and returned to the JLDSC by no later than 31st May, failing which your application will be invalid, unless confirmed in writing by the JLDSC.
- **MAKE SURE THAT YOU AND YOUR DOCTOR HAVE SIGNED IN ALL THE REQUIRED PLACES AND TICKED THE FIT OR UNFIT BOX IN SECTION B.**

Personal & Swim Details

Full name _____	Nationality _____
Address _____ _____	Contact phone _____
_____	Email _____
_____	Occupation _____
_____	Date of birth _____
Post code _____	Age _____ Gender _____
Solo <input type="checkbox"/> Relay <input type="checkbox"/> Relay name _____	Pilot _____ Tide start _____
	Swim course _____

Declaration

I hereby declare that to the best of my knowledge, the information in this form is true, complete and not misleading. I authorise my doctor to disclose any detail of my past or present medical history if requested to do so by the JLDSC. I also agree that this form and /or the information on it may be disclosed by the JLDSC to the persons directly concerned with my attempt to swim the course stated in this form including (but not limited to) my pilot. I declare that I will inform the JLDSC in writing of any fact, matter or circumstance arising or becoming known to me after submitting this form which would prevent me from repeating this declaration at any time up to my solo or relay swim attempt (as applicable).

Applicant Name: _____

Signature: _____

Date: _____

FOR THE EXAMINING DOCTOR

Section

B

Examiner's Notes

- The above named person wishes to be examined by a medical expert to verify that his or her medical condition, health and fitness is sufficient to attempt to swim the course stated in this form under the rules of the JLDSC and CS&PF described at www.cspf.co.uk (and which include a requirement to swim without a wetsuit).
- Please ensure that any follow-up or additional assessments and/or checks are carried out prior to providing the certification set out in this form; for example, you may consider a chest X-ray/ECG to be appropriate if the applicant has declared on this form a previous history of chest disease.
- The JLDSC welcomes swimmers with disabilities which can be managed

for the duration of an attempt without materially increasing risks to the health and safety of swimmers or others. If you are disclosing a disability, please call the JLDSC to discuss.

- Any doubts that you, as the medical expert, may have about the applicant's medical condition, health and fitness must be resolved before declaring the applicant fit to swim. The JLDSC cannot be responsible for assisting with any certification or referral and the provision of any view, opinion or recommendation by any JLDSC officer may not be relied upon.

- This form must be completed **after 1st January** in the year of the swim.

Doctor's Details

Name _____

Address _____

Professional Association _____

Association no./ref. _____

Town/City _____

Contact phone _____

Postcode _____

Fax _____

County _____

Email _____

Country _____

Medical Examination

- Applicant name _____
- Height (cm) _____ Weight (kg) _____ BMI _____
- Ears: Right _____ Left _____ Is hearing impaired? YES/NO
- Nose _____ Throat _____ Sinuses _____
- Respiratory system _____ Chest X-ray _____ (See examiner's notes)
- Cardiovascular system _____
- Blood pressure _____ ECG _____ (See examiner's notes)
- Abdominal system _____ Urine dipstick _____
- Musculoskeletal system _____ (See examiner's notes regarding disabilities)
- Neurological system _____

Additional Notes

Doctor's Signature

After examination, I consider

Swimmer name: _____

to be

Fit Unfit (Tick as appropriate)

to make a solo or relay attempt to swim
the course stated in this form.

Doctor's Name: _____ (or Doctor's Stamp)

Signature: _____ Date: _____