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MEDICAL APPLICATION FORM

Section



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 | |
| - | | Age | Gender |
| Post code _ | | Pilot | Tide start |
| Solo □ Relay □ Relay name | | Swim course | |

Medical History

Have you ever suffered at any time from any of the following?

| 1. | Ear Trouble | YES/NO |
|-----|---|--------|
| 2. | Sinus trouble | YES/NO |
| 3. | Chest disease, including asthma, bronchitis, collapsed lung or TB | |
| 4. | Attacks of giddiness, blackouts or fainting | |
| 5. | Fits, nervous disorders, persistent headaches or concussion | |
| 6. | Anxiety, "nerves", nervous breakdown | YES/NO |
| 7. | Diseases of the heart and circulation, including high blood pressure | YES/NO |
| 8. | Do you have diabetes | YES/NO |
| 9. | Do you regularly or frequently take any medication | |
| | or other treatment with or without prescription | YES/NO |
| 10. | Are you currently receiving medical care or | |
| | have you consulted any doctor in the past year | YES/NO |
| | Have you ever been refused life insurance or failed a medical examination | |
| 12. | Do you smoke | YES/NO |
| | Have you attended or been admitted to hospital | |
| | Is your eyesight outside normal limits of vision | |
| 15. | Have you had a previous medical for the JLDSC | |
| | If yes, was the result satisfactory | YES/NO |
| | | |

Additional Notes

| If you answered YES to any of the questions 1-14, please provide further details here. Please note that your pilot will receive a copy of your medical and he may want to discuss the situation with you personally. | | | | |
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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



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 _____ 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: |
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