



MEDICAL ASSESSMENT FORM 2023

SECTION A - MEDICAL HISTORY

Swimmer's Notes

Please read these notes carefully before completing this form

- This medical form is to provide the JLDSC and your pilot with evidence that an appropriate medical doctor has carried out any relevant medical assessments and has signed the Doctor's Signature at the end of Section B on the last page following you or the swimmer (if under 18 and you're signing as the parent or guardian of the swimmer) having signed the swimmer's declaration at the end of Section A.
- The JLDSC is neither medically trained nor a medical body and will not take any decisions premised upon the contents of this form, the totality of which are set out to assist the examining doctor in conducting what they consider to be a proper medical examination. The JLDSC will only be guided by the opinion of a doctor by their signature, or otherwise, at the foot of Section B.
- 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 contact the JLDSC to discuss how any reasonable adjustments may be made for you to accommodate your disability.
- The JLDSC will retain this document for so long as it considers it necessary to do so and may disclose its contents to: a pilot, the JLDSC committee members from time to time, any persons insofar as the same is considered by the JLDSC reasonably necessary for the purposes of medical provision, any persons holding a position of responsibility in an authority that is directly or indirectly involved with a swim, and otherwise as deemed appropriate in an emergency or where considered by the JLDSC to be reasonably necessary.
- This form must be completed after 1st January in the calendar year of your swim.
- The signed form can be sent to the JLDSC by scanned copy emailed to jerseyldsc@gmail.com by no later than 31st May, failing which your application will be invalid, unless confirmed in writing by the JLDSC in its absolute discretion.
- Book an appointment with your doctor early. The examination that you doctor may wish to undertake will take longer than a normal routine appointment. Fees for this medical examination are your responsibility and you should check in advance what these are.
- Check this form fully before posting. Ensure all pages are signed where required. Keep a copy for your records.
- **MAKE SURE THAT YOU (OR THE SWIMMER, IF YOU ARE THE PARENT OR GUARDIAN) AND THE EXAMINING DOCTOR HAVE SIGNED IN ALL THE REQUIRED PLACES**

Personal Details

| | | | |
|---------------|--|-------------|---|
| Name | | Nationality | |
| Address | | | |
| Town/City | | Postcode | |
| County/State | | Country | |
| Contact Phone | | Occupation | |
| Email | | | |
| Date of birth | | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Swim | Solo <input type="checkbox"/> Relay <input type="checkbox"/> | Relay name | |
| Swim Course | | Tide start | |

Medical Background

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

| | | | |
|----|---|------------------------------|-----------------------------|
| 1 | Ear, nose or sinus diseases or problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Impairments or difficulties with sight, hearing, body-temperature regulation or other sensory conditions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Chest or breathing diseases or disorders, such as asthma, bronchitis, collapsed lung or TB | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | Attacks of giddiness, blackouts or fainting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Fits, persistent headaches or concussion | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | Anxiety, nervous disorders, panic attacks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Diseases or irregularities of the heart or circulation, including blood pressure, arrhythmia or Raynaud's | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Do you have diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Do you regularly or frequently take any medication or other treatment with or without prescription | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Are you currently receiving medical care or have you consulted any doctor in the past year | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | Have you ever been refused life insurance or failed a medical examination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12 | Do you smoke | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13 | Have you attended or been admitted to hospital in the last 10 years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14 | Have you had an ECG (or EKG), X-Ray or MRI for the chest or upper-body in the last 5 years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15 | Have you had a previous medical for the JLDSC or CS&PF | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional Medical Background Notes

If you answered 'Yes' to any of the questions 1-15 please provide further details below or on a continuation sheet (as needed)

Current State of Health and Fitness

Please state details below or on a continuation sheet (as needed) of any medical, physical or mental illnesses, conditions or injuries of which you are aware and which may affect your health or fitness now or during your swim

Swimmer's Declaration

- I understand that an attempt to swim the stated course either solo or as part of team, together with the training for it, is extremely physically demanding.
- I hereby declare that to the best of my knowledge the information which I have provided about myself or (if under 18) the swimmer in Section A of this form is true, complete and not misleading and that I have provided my/the swimmer's doctor with all details relating to my/the swimmer's medical condition, health and fitness which it's reasonable to assume my/the swimmer's doctor would wish to consider before carrying out an examination of me/the swimmer and signing the Declaration at the end of this form.
- Before providing this swimmer's declaration, I have taken all reasonable steps to identify and assess the risks to my/the swimmer's health and medical condition which may result from assuming the extreme physical demands involved in an attempt to swim the stated course and/or any training prior to and in anticipation of such attempt.
- In addition to the use or disclosure of the contents of this form as set out in the Swimmer's Notes, I authorise my/the swimmer's doctor to disclose any detail on this form or other detail relating to my/the swimmer's health or medical condition at any time in the past up to and including my attempt on the stated course ("Information") to the JLDSC Committee or my pilot or both if requested to do so by a JLDSC officer or my pilot. I also agree that this form and any Information may be disclosed by the JLDSC to the persons directly or indirectly concerned with my attempt on the stated course including my pilot.
- I understand that it is solely incumbent on me to continually assess my medical condition, health and fitness between signing and completing my swim and I undertake that I will use my best endeavours to promptly inform the doctor who signed this form below in writing of any likely materially adverse changes to my health in order to ask them whether their opinion on my suitability has changed. Further I will provide the JLDSC with all material updates upon my health including any amended opinion by the doctor who signed this form.

| | | | |
|--|--|------------------|--|
| Swimmer's name | | Signature | |
| Date | | | |
| For swimmers under 18 years of age a parent or guardian must also sign this form | | | |
| Parent / Guardian | | Signature | |
| Date | | | |

SECTION B - FOR THE EXAMINING DOCTOR

Notes For Doctors Before Examination

- The person named in Section A wishes to be examined by a medical doctor to verify that his or her medical condition, health and fitness is satisfactory for the swimmer to train for and attempt to swim the stated course. This requires the swimmer to undergo excessively prolonged and continuous exposure to physical exertion and sea temperatures of little or no more than 16C without a wetsuit.
- The person named in Section A must obtain the signature of a doctor at the foot of this section before being permitted by the JLDSC to make such an attempt and/or to undertake the relevant cold-water training.
- The contents of this form are designed to assist you in your task of carrying out such examinations as you deem appropriate but should in no way be taken as either mandating or restricting the extent of such tests and you might reasonably consider should be carried out.
- Any doubts that you may have about any of the swimmer's health condition(s) that may be relevant to an attempt to train for and/or swim the stated course must be resolved before signing at the foot of Section B.
- This form must be completed **after 1st January** in the year of the swim.

Doctor's Details

| | |
|--------------------------|--------------------|
| Name | |
| Professional Association | Association No/Ref |
| Address | |
| Town/City | Postcode |
| County/State | Country |
| Contact phone | Fax |
| Email | |

Medical Examination

| | |
|--------------------------|--|
| Applicant Name | |
| Height (cm) | Weight (kg) |
| Ears: Right | Left |
| Is hearing impaired? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Nose | Throat |
| Sinuses | Respiratory system |
| Chest X-ray * | |
| Cardiovascular system | |
| Blood pressure | |
| ECG * | |
| Abdominal system | Urine dipstick |
| Musculoskeletal system * | |
| Neurological system | |

* At doctor's discretion

Additional Notes

| |
|--|
| |
|--|

Doctor's Signature

I have carried out an examination of the swimmer named below that I consider to be reasonably necessary and in my opinion the swimmer suffers from no health condition which means that the swimmer should not attempt to swim the stated course either solo or as part of a relay team

| | |
|----------------------------|------------------|
| Swimmer name | |
| Doctor's name | Signature |
| Date | |
| (or Doctor's stamp) | |