



CLDSA Medical Assessment Form

The Cape Long Distance Swimming Association (CLDSA) swim rules require that for endurance swims of more than 20km a medical examination is submitted in support of the swim application (see <https://clds.co.za/swim-rules/>)

Part A - To be Completed by the Swimmer

A1: Swimmer Personal Details

Full Name	
ID or Passport Number	
Date of Birth (dd/mm/yyyy)	
Gender	
Occupation	
Residential Address	
City/Town	
Country	
Postal Code	
Email Address	
Phone Number (including international dialing prefix if outside South Africa)	

A2: Swim Experience

Please describe your previous cold water swimming experience (swims in 16 degrees celsius or less, for 5km or more). Please continue on a separate sheet if more space is required.

Have you experienced any issues with hypothermia or rewarming?

A3: Proposed Swim Details

Proposed Swim Route	
Proposed Swim Date	
Swim Format (Solo/Relay)*	
Swim Category (Skins/Wetsuit/Assisted)	
Team Name (Relay Only)	
Pilot Name	
Pilot Phone Number	
Second/Crew Name (Optional)	
Second/Crew Phone Number (Optional)	
Have you already completed a swim application via the CLDSA website? https://clds.org.za/shop/swim/	

* Medicals are only required for relay format swims where a individual swimmer intends to swim more than 20km during the course of the relay swim (e.g. a two-person relay swim where the total swim distance is over 40km)

A4: Medical Background - To be completed in full

Please comment below on your general medical background and current state of health and fitness:	
Note any known allergies:	
Note any current medication:	
Do you have a history of any of the following?	Y/N
Ear, nose and sinus problems	
Visual problems	
Respiratory diseases such as asthma, bronchitis, tuberculosis, collapsed lung etc.	
Breathlessness, cough, sputum production	
Giddiness, blackouts, dizziness, fainting, confusion	
Neurological conditions such as fits, seizures, headaches, concussion	
Psychiatric conditions such as anxiety, depression, nervous breakdown	
Cardiac issues such as arrhythmias, angina, heart attack, high blood pressure	
Pulmonary oedema/heart failure	
Vascular conditions such as deep-vein thrombosis, pulmonary embolus, Raynaud's condition	
Diabetes (tablet or insulin controlled)	
Are you currently under medical care or have seen a doctor in the past year?	
Have you previously been refused life insurance or failed a medical examination?	
Are you currently or have you previously smoked?	
Have you been admitted to hospital or had surgery in the past 5 years?	
Have you previously completed a medical assessment for a CLDSA swim or other long distance swimming association?	
Does your family have any history of cardiovascular conditions, other chronic disease or sudden death under the age of 50?	

Are you currently pregnant or lactating?	
Do you have any disability?	
Has there been any change in your general medical status in the past 12 months?	
If you have answered "yes" to any of the above please provide details here and continue on an additional page if required:	

Part A5: Further Information

Please provide any further information that may be relevant to this medical assessment. Please continue on a separate sheet if more space is required.

Part A6: Swimmer's Declaration

<p>I hereby declare that to the best of my knowledge, I am in good health and I have disclosed all information relevant to this assessment and my proposed endurance swim attempt. I authorize my Doctor and any medical staff at this assessment, to disclose any relevant information to CLDSA and persons directly concerned with my swim attempt.</p> <p>I am aware that endurance cold water swimming is an extreme sport, mentally and physically, and I am obligated to inform CLDSA of any changes in my health status since this assessment to the date of my swim attempt. I will deliver this assessment to CLDSA in support of my swim application.</p> <p>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 loss of life, injury, or loss or damage to my property during the course of my swim.</p>	
Signature of Swimmer:	Date:
Signature of Parent or Legal Guardian of Swimmer, if Swimmer will be under 18 years of age on the swim date:	Date:

Part B - To be completed by the Examining Doctor

The applicant noted above wishes to attempt an endurance cold water swim (a swim of more than 20km, which may be completed in water temperatures of 16 degrees celsius or less).

B1: Pre-swim Medical Examination

Weight (kg)	
Height (cm)	
Waist Circumference (cm)	
BMI	
Temperature (celcius)	
General Examination	
Heart rate (bpm)	
Blood pressure	
Cardiovascular examination	
Respiratory rate	
Oxygen saturation (O2 stats)	
Peak flow	
Respiratory examination	
ENT	
Drums	
Pharynx	
Abdominal examination	
Neurological examination	

ECG/EKG assessment **	
Other	

** Note that a 12-lead resting ECG is to be attached to the medical form (a comment from the doctor alone is not sufficient). The swimmer's name and date of assessment should be clearly noted on the ECG. A stress ECG is not required (unless recommended by the doctor based on their assessment of the swimmer).

B2: Examining Doctor Declaration

I hereby confirm that after my examination, I see no medical issues preventing the above swimmer from attempting an endurance cold water swim of more than 20km.	
Name	
Email Address	
Phone Number	
Medical Qualifications	
Signature	
Date	
Doctor's stamp	

Part C - Important Information

- It is recommended that the medical assessment is completed by a physician (preferably a sports physician with cold-water/long-distance endurance sports experience). Alternatively (and based on the availability of specialist physicians), the swimmer's personal physician or a GP can complete the assessment.
- Please email a scanned copy of your completed and signed forms to medical@clds.org.za at least one week prior to your proposed swim date.
- An approved medical clearance will be valid for 12 months from the date of approval.
- Any material change in medical status prior to your swim date must be disclosed to the examining doctor and the CLDSA and an amended medical assessment provided where necessary.
- Any fee in respect of this examination is the responsibility of the swimmer.
- Both sections A and B of this form must be completed in full and signed and must be returned to the CLDSA in support of your swim application.
- No swim application for an endurance swim (of 20km or more) will be approved without a valid medical approval in place.
- Medicals completed for other marathon swim associations/organizations may be reviewed and considered by the CLDSA Medical Officer only if they are valid and if the assessment has been completed to the same standards as the CLDSA medical assessment (including a 12-lead resting ECG).
- If you are planning a swim of more than 20km, CLDSA recommends that you should have your medical completed in advance, as it will be valid for a full 12 months and can be used for multiple swims during the year. Completing the medical in advance will avoid any last minute rush to have the assessment once your swim window is confirmed.
- If you are planning a marathon swim under a different swimming association rules which require a medical, we suggest that you have any additional medical forms completed at the same time as your CLDSA medical to save on admin and cost (the Dr. should be able to complete one medical examination in order to sign forms for multiple swim associations, e.g. both CLDSA and CSA forms for English Channel swims, or even ISA medicals for ice swimming, at no extra cost).
- The CLDSA medical assessment will apply for all swims from 1 July 2023 onwards.