



CLDSA MEDICAL ASSESSMENT COVER FORM

Date Issue: (dd/mm/yyyy)	
Full Name:	
ID / 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)	

Test / Examination Performed During Medical Surveillance

Complete / Incomplete	Y	N	Complete / Incomplete	Y	N
Full Physical Examination			ECG Examination		
Blood Pressure			Respiratory Examination		
Cholesterol			Abdominal Examination		
Height & Weight			Neurological Examination		
Blood Glucose			Cardiovascular Examination		

Swimmers Declaration

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.

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.

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.

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:	
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 25km.	
Name	
Email Address	
Phone Number	
Medical Qualifications	
Signature	
Date	
Doctor's stamp	