



## CLDSA Medical Assessment Form

The Cape Long Distance Swimming Association (CLDSA) swim rules require that for endurance solo swims of more than 25km and relay swims of 16km or more per person, 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 completed a swim application via the CLDSA website? ( <a href="https://clds.co.za/shop/swim/">https://clds.co.za/shop/swim/</a> )	

\* Medicals are required for relay format swims where an individual swimmer intends to swim 16km or more during the relay swim (e.g. a two-person relay swim where the total swim distance is 32km or more)



**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?	<b>Y/N</b>
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 edema/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

This medical assessment should be completed by a physician with cold-water swimming experience (such as an emergency medical physician or sports physician).

The applicant noted above wishes to attempt an endurance open-water water swim (solo more than 25km), or a relay swim (more than 16km per swimmer).

### 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.

**B2: Examining Doctor Declaration**

I hereby confirm that after my examination, I see no medical issues preventing the above swimmer from attempting an endurance solo swim of more than 25km (or relay 16km or greater per swimmer).	
Name	
Email Address	
Phone Number	
Medical Qualifications	
Signature	
Date	
Doctor's stamp	



### Part C - Important Information

- Please email a scanned copy of your completed and signed forms to [medical@clds.co.za](mailto:medical@clds.co.za)
- An approved medical clearance is valid for 12 months from the date of clinical examination.
- The Medical must be submitted to the CLDSA latest 1 month prior the planned swim.
- The Medical must be submitted directly to the CLDSA by the swimmer (or their examining doctor) - not via the boat skipper.
- 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.
- Part A and B of the Medical plus the ECG must be completed in full, signed and returned to the CLDSA in support of your swim application.
- No swim application for an endurance solo swim of 25km or more, or relay swim of 16 km or more per swimmer will be approved without a valid medical approval in place.