



ILDSA Medical Assessment for a North Channel Swim

All sections must be completed fully

Name of swimmer:			
Each relay team member needs a separate medical form. [If part of relay, enter relay team name].			
Gender:		Date of birth:	
Address Including Postal / Zip code:			
Telephone:			
Email:			

Swimmers Declaration

I have answered all questions truthfully, and to the best of my knowledge I am in good health and declare my fitness to attempt to swim the North Channel. I understand:

- That I may be asked to supply further information on my medical history if requested to do so by the ILDSA.
- That this Medical information may be shared with my Pilot ILDSA Observer but shall otherwise remain confidential to ensure your safety during your swim.
- The risks associated with a North Channel Crossing.
- That I must notify the ILDSA if there are any changes to my fitness or ability to participate in my North Channel Attempt.

Signed: _____ Date _____





To the Medical Doctor: The North Channel is a sea swim, 21.6 miles long between Ireland and Scotland, with a water temperature of around 54°F (12°C). A swim crossing can take anywhere from 9 -15 hours. This medical assessment confirms that the applicant is in a suitably fit condition to attempt such a feat of endurance. Please fill in all fields in the presence of the applicant.

Name of Doctor			
Address			
Day time telephone		Evening telephone	
Email			

To be completed by the Doctor: If No issues write NA.

Height		Weight	
ENT:			
Cardio Vascular system include Current Blood Pressure (BP) Baseline Pulse Oxygen Level on room air: ECG Result: [Attach ECG printout]			
Urology:			
Medications:			
Additional Notes:	Please continue on separate sheet if required.		

Doctors Declaration

The above tests were carried out by me on the date specified below, and, to the best of my medical knowledge, I believe the Applicant is suitably fit to attempt such a feat of endurance.

Signed: _____

Date: _____





Additional notes:

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