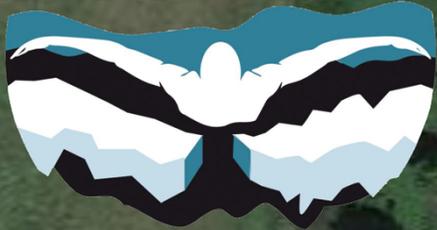


ZOLLHAUS  
OPEN



Parking

Altenberger Str.

Race Office

Landhotel Altes Zollhaus

Changing Tent

Toilets

Hot Tub

Sauna

DIE K

Small Sauna

POOL

Changing Tent

Pre Start Tent

Addicted To  
NATURE

# IISA® MEDICAL ASSESSMENT FORM

Valid for 12 months from the date of assessment

**IISA**  
INTERNATIONAL  
ICE SWIMMING  
ASSOCIATION

Full Name \_\_\_\_\_ Assessment date: \_\_\_\_\_

## SECTION A – SWIMMER DETAILS [filled in by the Swimmer]

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_ years  
PARA [if applicable]. \_\_\_\_\_ SEX \_\_\_\_\_ M/F/O \_\_\_\_\_  
Physical address \_\_\_\_\_  
City / Town \_\_\_\_\_ Post Code \_\_\_\_\_ Country \_\_\_\_\_  
Email address \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Next of Kin (name) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION A1 – SWIM DETAILS [filled in by the Swimmer]

Maximum Swims distance (m) \_\_\_\_\_  
Expected Swims dates (month) \_\_\_\_\_  
Anticipated water temperatures \_\_\_\_\_

## SECTION B – SWIMMER MEDICAL HISTORY [filled in by the Swimmer]

### SWIMMER:

Have you experienced or are you aware of: (Y/N - If yes, please provide short details):

1. High Blood pressure (Hypertension)?  
\_\_\_\_\_
2. Palpitations? (Irregular heartbeats or a racing heart)?  
\_\_\_\_\_
3. A heart condition or had a stroke? (If yes, date of last occurrence)  
\_\_\_\_\_
4. Fainted or blacked out during or after exercise?  
\_\_\_\_\_
5. Had an unexpected dizzy turn during or after exercise?  
\_\_\_\_\_
6. Suffer from chest pain, tightness or heaviness in the chest during or after exercise.  
\_\_\_\_\_
7. Are you short of breath or tired more quickly than others during exercise?  
\_\_\_\_\_
8. Do you have a Pacemaker or Defibrillator? (if yes – date of installation)  
\_\_\_\_\_
9. Do you have Marfan's syndrome (an inherited disorder that affects connective tissue)  
\_\_\_\_\_

### FAMILY HISTORY - Cardiovascular [filled in by the Swimmer]

10. Has an immediate family member had a heart attack or sudden cardiac death less than 50 years old?  
\_\_\_\_\_
11. Has an immediate family member been diagnosed with a cardiovascular condition, e.g. Cardiomyopathy, Marfan's syndrome, Long QT, Heart rhythm disorders, or require a pacemaker?  
\_\_\_\_\_

**SWIMMER:** Do you have?

12. A respiratory condition? –e.g. Asthma, Sleep apnoea, other

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13. Have you had an asthma attack requiring urgent medical attention in the last 12 months?

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14. Gastrointestinal /Abdomen problems? Reflux, Inflammatory bowel disease, Irritable bowel disease, other...?

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15. Bleeding disorders or previous blood clots?

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16. Epilepsy, Parkinson's, Migraines Other

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17. Musculoskeletal or Rheumatological problems:

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18. Eyes – Visual problems:

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19. Endocrine problems: eg Diabetes, Thyroid, other...

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20. Psychiatric problems: e.g. Depression, Anxiety, ADHD, ASD, etc.

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21. Skin conditions: Psoriasis, Eczema etc

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22. Other Medical conditions or Disability not already mentioned

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23. Past Surgery History: (List operations)

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24. Current Medication:

---

25. Allergies:

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26. Have you been hospitalised in the past five years? (If yes, why?)

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27. Have you been refused Life Insurance? (If yes, why?)

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28. Have you been told it is dangerous to participate in physical activity? (If yes, why?)

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29. Have you failed an IISA medical? (If yes, why?)

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30. Previous Cold H2O Swimming Experience:

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31. Date and Distances in the last two years:

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32. Previous issues on rewarming – hypothermia, arrhythmias? (if yes, what happened?)

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33. Altitude experiences: (If yes, please give details)

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34. Previous issues at altitude: (If yes, please give details):

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Comments:

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**SWIMMER'S DECLARATION:**

I hereby declare that to the best of my knowledge, I am in good general health, and I have disclosed all information relevant to this assessment and may be pertinent to my Ice Swim attempt. At this assessment, I authorise my doctor and medical staff attendants to disclose any relevant information to my Swim Medical Officer or Safety staff. I am aware that an ICE Swim is an extreme challenge, mentally and physically. I am obligated to inform IISA and the Swim Medical and Safety staff of any changes in my health from this assessment to the date of my swim. I will deliver this assessment to the Swim - Observers/IISA Officials/Medical Officer and include this when applying to verify my Swim by IISA. I hereby acknowledge that the Swim is done at my own risk. I understand all the risks involved, and I hold none involved in my Swim attempt responsible for any mishap that may occur to me because of this Swim.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Section C – For the Examining Doctor

I have examined \_\_\_\_\_

Date: \_\_\_\_\_

Wishing to attempt an Ice Swim. An Ice Swim requires the swimmer to swim at a water temperature of 5C or lower, unassisted and wearing a standard swimming costume, one cap and a pair of goggles. Please indicate your assessment outcome:

## PRE-SWIM MEDICAL

Weight \_\_\_\_\_ kg

Height \_\_\_\_\_ cm

BMI \_\_\_\_\_

Temperature \_\_\_\_\_ C

Waist \_\_\_\_\_ cm

Pregnant \_\_\_\_\_

Disability? \_\_\_\_\_

## GENERAL EXAMINATION

Heart Rate \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Cardiovascular examination: \_\_\_\_\_

Respiratory Rate \_\_\_\_\_

Oxygen Saturation \_\_\_\_\_

Peak Flow \_\_\_\_\_

Respiratory examination: \_\_\_\_\_

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ENT:

Drums \_\_\_\_\_

Pharynx \_\_\_\_\_

Abdominal examination: \_\_\_\_\_

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Neurological examination: \_\_\_\_\_

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ECG /EKG assessment: \_\_\_\_\_

## MEDICAL DOCTOR DECLARATION

After my examination, I saw no medical issues preventing the above Swimmer from attempting the ice swimming event.

Full Name \_\_\_\_\_

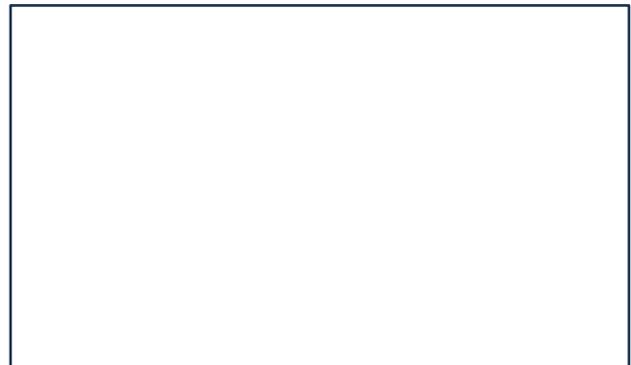
Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Qualifications \_\_\_\_\_

Signature \_\_\_\_\_



## Privacy Policy – Zollhaus Open

We collect and process your data exclusively for the purpose of organizing and conducting the specified swimming event. The legal basis for this is the General Data Protection Regulation (GDPR) Art. 6(1)(a) (consent) and Art. 6(1)(b) (performance of a contract). Your data will not be shared with third parties other than the event organizer without your explicit consent or unless required by law. We delete all personal data, result lists, and documents no later than 24 months after the date of the event; excluded from this are verification documents required under tax and commercial record-keeping obligations. Using the data from registration and swim time measurement, we create discipline- and category-specific entry lists, result lists, and certificates. You have the right to access your data. You may object to the use of your data – including partial use – at any time with effect for the future by sending an informal email to [info@landhotel-althaus-zollhaus.com](mailto:info@landhotel-althaus-zollhaus.com). The contact person for data protection is Mr. Gerrit Curcio, Altenberger Str. 7, 01776 Neuhermsdorf, Email: [gerrit.curcio@icloud.com](mailto:gerrit.curcio@icloud.com), Tel.: +49 35057 540. If you object to the (partial) use of your data or request deletion of your data, participation in the event, listing in the results, or other partial fulfillment of agreed services will no longer be possible. If you believe that the processing of your data violates the GDPR, you have the right to lodge a complaint with the data protection supervisory authority. By registering, you agree that your data (name, gender, category, club, start number, time, ranking) may be published in the start and results lists on the internet or displayed in the start/finish area (projector and screen). If you do not agree, you must not register. The swimming newsletter provides occasional information about swimming events in the Rosenheim area. For this purpose, your name and email address will be stored separately without time limitation until you unsubscribe by sending an email to [info@landhotel-althaus-zollhaus.com](mailto:info@landhotel-althaus-zollhaus.com). By checking the “newsletter” box, you confirm that you wish to receive the newsletter until you withdraw your consent. Photographs will be taken of each participant along the course and at the finish line for publication for participants and other interested parties on the internet. Legal basis for publication: “For the publication of photographs, the German Art Copyright Act (KUG) remains applicable alongside the GDPR, which has been in force since May 25, 2018. No changes or repeal in relation to the GDPR are foreseen,” according to a statement by the German Federal Ministry of the Interior, Building and Community dated May 9, 2018. Section 23 KUG contains certain exceptions allowing photos to be published without the consent of each individual depicted: Section 23 (1) KUG – Images from the sphere of contemporary history. Case law has clarified that by participating in competitions, athletes may be considered persons of contemporary history. Individual photos can of course be removed after publication upon request by the affected person. Contact details of the respective photographers can be found in the photo links. Anyone who wishes to prevent their photo from appearing on the internet from the outset must not participate in this event.



### **Disclaimer statement**

Participation is at the participant's own risk and the organizer or host is released from liability for any damage that may occur to the participant. The participant declares that, except in cases of gross negligence or breach of cardinal obligations, he waives all claims for damages against the organizer or host and any vicarious agents. No liability for damages of any kind is assumed by the organizer or host. This also applies to accidents, lost clothing and other objects.

The rules and regulations of the International Ice Swimming Association (IISA) apply, which can be found under the following link: <https://internationaliceswimming.com/iisa-rules/>

With the receipt of the starting documents each participant declares bindingly that there are no health concerns against his/her participation. Each participant accepts the disclaimer with his/her registration.

All participants who want to start over 1000m freestyle must take part in the obligatory medical examination. In case of underage participants, the legal guardians declare with their consent to participate in the competition to indemnify and hold harmless the organizer regarding all claims for damages raised by the underage participant against the organizer and/or against the organizer's vicarious agents.

The participant gives his/her consent that the data mentioned in the registration and the photos, film recordings, videos and interviews made in connection with the participation in the race may be used for advertising purposes in radio, television, internet, social networks, advertising, books, photomechanical reproductions and DVDs without any claims for compensation.

In case of no-show, there is no right to a refund of the entry fee, a cancellation of the registration is not possible, and the entry fee can also not be transferred back. If the race must be cancelled or aborted due to weather conditions on the day of the event, there is no right to a refund of the entry fee.

The legal regulations and the anti-doping regulations of the federations apply. The organizer reserves the right to exclude participants from the competition at any time.

By signing the document, I confirm the model contract overleaf. The given personal data from the registration for the Zollhaus Open will be used. The personal data of the event photographer(s) can be requested from the organizer at any time.

### **Safety information**

Participation in the safety briefing is obligatory for every participant.

The instructions of the water rescue and the organizer are to be followed absolutely and immediately. Assistance provided by the rescue and medical care forces will be invoiced on a case-by-case basis by the athletes' health insurance companies or privately by the emergency forces.

Date: 25.02.2023

Name & Last Name

Signature