



Endurance Swim Training Camp - Mallorca Medical Form

IMPORTANT: This form must be completed after 1 September in the year preceding your trip and uploaded to your SwimTrek account at least one month before your departure. Please note; a copy of medical forms from either the CSA or CS&PF for the same year can be submitted instead of this form.

Notes for Participant/Swimmer

- Book an appointment with your doctor early. The examination in Section B will take your doctor longer than usual. Fees for this medical examination are your responsibility.
- Answer all questions. Both medical certificates (Section A. Medical History and Section B. Medical Examination) must be completed in full.
- Make sure you and your doctor have signed in all required places and ticked the FIT and UNFIT in Section B.
- Please check your form is correctly completed before uploading. Ensure all pages are signed where required and keep a copy for your records.
- This Medical form is to provide SwimTrek with evidence that an appropriate medical expert has carried out a relevant medical assessment and is of the opinion that your participation in the Channel and Long Distance, Long Distance Swim Training or Channel Relay Swim Coaching Camps under the auspices of SwimTrek guides, is appropriate; no representation is thereby expressed or implied by SwimTrek as to the appropriateness or otherwise of the assessment and opinion certified by this form.
- This form must be completed after the 1st of September in the year prior to your trip and uploaded to your SwimTrek account at least one month before your departure.

Notes for Medical Examining Practitioner

The individual named in Section A wishes to take part in a swim training programme operated by SwimTrek Ltd. This challenging training programme consists of 6 consecutive days of increasingly demanding swimming in water temperatures between 20-23 Degrees Celsius for varying amounts of time and distance.

- The below-named person wishes to be examined by a medical expert to verify that his or her medical condition, health and fitness is sufficient to attend these coaching camps under the supervision of SwimTrek's Long Distance guides and safety support.
- Please ensure that any follow-up or additional assessments and/or checks are carried out prior to providing the certification set out in this form; for example, you may consider a chest X-ray/ECG to be appropriate if the applicant has declared on this form a previous history of chest disease.
- SwimTrek welcomes swimmers with disabilities. Severe physical disabilities – absent limbs, blindness, deafness etc – do not necessarily rule out participation in SwimTrek's coaching for Long Distance swimmers.
- Any doubts that you, the medical expert, may have about the applicant's medical condition, health and fitness must be resolved before declaring the applicant fit to swim. SwimTrek cannot be responsible for assisting with any certification or referral, and the provision of any view, opinion or recommendation by any SwimTrek employee may not be relied upon.



Section A

Participant Information and Health Declaration

Name: _____ Nationality: _____
 Address: _____ Contact phone: _____
 Town/City: _____ Email: _____
 County/State: _____ Date of Birth: _____
 Country: _____ Gender: _____
 Post Code: _____

Please complete the following health declaration.

Health Questions	Yes	No
1. Has your doctor ever said you have a heart condition, and you should only do physical activity recommended by a physician?		
2. When you do physical activity, do you feel pain in your chest?		
3. In the past month, have you had chest pain when you were not doing physical activity?		
4. Do you ever lose consciousness, or do you lose your balance because of dizziness?		
5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?		
6. Is a physician currently prescribing medication for your blood pressure or heart condition?		
7. Are you pregnant or post-partum?		
8. Do you have insulin dependent diabetes?		
9. Do you have epilepsy?		
10. Have you ever or do you suffer from asthma?		
11. Have you ever or do you suffer from Raynaud's phenomenon?		
12. Do you have any known allergies?		
13. Are you a man over the age of 45 or a woman over the age of 55?		
14. Do you know of any other reason you should not exercise, increase your physical activity or take part in an open water swimming activity?		
15. Additional Comments / Details:		

I hereby declare that to the best of my knowledge, the information in this form is true, complete and not misleading. I also agree that this form and/or the information on it may be disclosed by SwimTrek to the persons directly concerned with my Long Distance coaching camp. I declare that I will inform SwimTrek in writing of any fact, matter or circumstance arising or becoming known to me after submitting this form which would prevent me from repeating this declaration at any time up to my Long Distance coaching camp.

Applicant Name: _____

Signature: _____ **Date:** _____



Section B

Examining Practitioner's Information

Name: _____ Professional Association: _____
 Address: _____ Association no./ref.: _____
 Town/City: _____ Contact phone: _____
 County/State: _____ Email: _____
 Country: _____
 Post Code: _____

Notes for the Medical Examiner

Please review the accompanying notes on Page 1 and the personal health declaration on page 2 and provide a practitioner's assessment as to the suitability of the participant to take part in the aforementioned swim coaching.

Applicant name: _____
 Height (cm): _____ Weight (kg): _____ BMI: _____
 Right Ear: _____ Left Ear: _____ Is hearing impaired? YES / NO
 Nose: _____ Throat: _____ Sinuses: _____
 Respiratory system: _____ Cardiovascular system: _____ Blood Pressure: _____
 Abdominal system: _____ Urine dipstick: _____ Neurological System: _____
 Chest X-ray (see Examiner's notes): _____
 ECG (see Examiner's notes): _____
 Musculoskeletal system (see Examiner's notes regarding disabilities): _____
 Additional Notes: _____

Medical Opinion

After examination, I consider _____ (swimmer's name)

FIT **UNFIT** (tick as appropriate)

to attend SwimTrek's Channel and LDT, Long Distance Swim Training or Channel Relay Swim Coaching Camp

Doctor's Name: _____ (or Doctor's Stamp)

Signature: _____

Date: _____