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Please note this form needs to be submitted before 26th February. Please note; a copy of medical forms from either the CSA or CSPF for the same year can be submitted instead of this form.

# Channel and Long Distance Medical Application Form

## Section A - Medical History

### Swimmer's Notes

- Book an appointment with your doctor early. The examination *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*.
- Check fully before posting. Ensure all pages are signed where required. 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 training week, 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 be completed after 1<sup>st</sup> September preceding the year of your trip and uploaded to the SwimTrek website by February 26th.

### Personal & Swim Details

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Town/City: \_\_\_\_\_ Email: \_\_\_\_\_

County/State: \_\_\_\_\_ Post Code \_\_\_\_\_ Date of Birth: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

Country: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male ( )  
 Female ( )

### Medical History

Have you ever suffered at any time from the following?

1. Ear trouble, earache, discharge or deafness ..... YES/NO
2. Sinus trouble ..... YES/NO
3. Chest disease, including asthma, bronchitis, collapsed lung or TB ..... YES/NO
4. Attacks of giddiness, blackouts or fainting ..... YES/NO
5. Fits, nervous disorder, persistent headaches or concussion ..... YES/NO
6. Anxiety, "nerves", nervous breakdown ..... YES/NO
7. Diseases of the heart and circulation, including high blood pressure ..... YES/NO
8. Do you have diabetes ..... YES/NO
9. Do you regularly take any medication  
 or another treatment with or without prescription ..... YES/NO
10. Are you currently receiving medical care  
 or have you consulted your doctor in the past year ..... YES/NO
11. Have you ever been refused life insurance or failed a medical examination ..... YES/NO
12. Do you smoke ..... YES/NO
13. Have you attended or been admitted to hospital ..... YES/NO
14. Have you ever had a medical for the SwimTrek Channel and Long Distance Training ..... YES/NO  
 If YES was the result satisfactory ..... YES/NO
15. Eyesight: Is your eyesight outside the normal limits of vision ..... YES/NO

If the answer is YES to any of the questions, please give further details overleaf.

**Additional Notes**

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**Declaration**

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 Channel and Long Distance training week. 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 Channel and Long Distance training week.

Applicant Name: \_\_\_\_\_

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

## Section B - For The Examining Doctor

**Examiner's Notes**

Please read these notes carefully before completing this form

- The above 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 Channel and Long Distance training week 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 Channel and Long Distance training week.
- 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.
- This form must be completed after 1<sup>st</sup> September preceding the year of your trip and returned to SwimTrek by February 26th.

**Doctor's Details**

Name: \_\_\_\_\_

Professional association: \_\_\_\_\_

Association no./ref.: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town/City: \_\_\_\_\_

Post code: \_\_\_\_\_

County/State: \_\_\_\_\_

Country: \_\_\_\_\_

**Medical Examination**

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

**Additional Notes**

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**Doctor's Signature**

After Examination, I consider

Swimmer's Name:.....

FIT: [ ]      UNFIT: [ ]      (tick as appropriate)

To attend SwimTrek's Channel and Long Distance training week.

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

Signature:.....

Date:.....