CHANNEL SWIMMING ASSOCIATION Ltd ©

Medical Certificate
2021

Section A Medical History

NAME : _____ Date of Birth (day/month/year):___/___/_____ AGE : _____

OCCUPATION :_____ Sex : Male/Female

ADDRESS : _____

TOWN/CITY :_____COUNTRY :_____POST CODE : _____

TEAM NAME:_____(if member of relay)

Have you ever suffered at any time from any of 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 T.B.	YES / NO
3a.	Have you ever experienced excessive breathlessness, coughing, sputum production or coughing up blood, or chest pain on exertion or during a swim.	YES / NO
4.	Attacks of Giddiness, blackouts. Fainting or confusion.	YES / NO
5.	Fits or nervous disorders- including persistent headaches or concussion	YES / NO
6.	Anxiety, "nerves", nervous breakdown	YES / NO
7.	Diseases of the heart and circulation and arrhythmias, including high blood pressure.	YES / NO
8.	Do you have diabetes	YES / NO
9.	Do you regularly or frequently take any medication or other treatment with or without prescription?	YES / NO
10.	Are you currently receiving medical care, or have you consulted any 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 in the last 5 years	YES / NO
14.	a) Have you had a previous medical for the CSA	YES / NO
	b) IF "YES", was the result satisfactory	YES / NO

If the answer to question 14 b) is NO, please give further details overleaf

15.	Do you have any family history of premature cardiac disease (less than 50 years) or sudden death in adulthood	YES / NO
16.	Do you have any history of pulmonary oedema (in any circumstance) or heart failure.	YES / NO

If the answer to ANY of the questions from 1-16 is YES, please give further details overleaf.

INCOMPLETE FORMS WILL BE RETURNED AND YOUR APPLICATION MAY BE DELAYED
Note **SHOULD YOUR MEDICAL STATUS CHANGE FOLLOWING THIS MEDICAL THE Channel Swimming Association MUST BE NOTIFIED.**

Section A (Medical History)

Notes continued from page 1. If you cannot fit all your answers into this space please use another sheet and attach it to this one when completed.

I hereby declare that to the best of my knowledge, I am in good general health and I have not omitted any information, which might be relevant to my fitness to Swim the Channel.
I authorise my Doctor and medical advisers/attendants to disclose any detail of my past or present medical history if requested to do so, to the C.S.A. Medical Adviser. I also agree that relevant information about my health may be disclosed to persons directly concerned with my attempt to swim the Channel.

I am aware that Channel Swimming may be extremely arduous, both mentally and physically.
I declare that I will inform the Channel Swimming Association Ltd. of any Medical Condition that becomes known to me after the presentation of this Medical Certificate and before the Swim takes place.

SIGNED : (applicant) _____ Date___/__/____
(in presence of examining Doctor)

SIGNED : (Parent/Guardian if swimmer under 18years) _____ Date___/__/____

Relationship to swimmer _____
(in presence of examining Doctor)

SIGNED : (Examining Doctor)_____ Date___/___/___

Doctor's Name : …… Tel/fax No. ……

Address/Stamp : ……

……

PLEASE MAKE SURE THESE SECTIONS ARE FILLED IN FULLY and SIGNED !
The examination (Section B) will take your doctor a little time. Please make sure you book an appropriate appointment.

Remember- private requests for X-Rays are not usually given priority: arrange EARLY.
Any fee in respect of this medical examination is the responsibility of the Swimmer.
Your attention is drawn to the paragraph on drug abuse in the information pack.
Random Drug testing takes place throughout the year.

Both Medical Certificates, (Section A: Medical History and Section B: Medical Examination) MUST be completed IN FULL and returned to the Channel Swimming Association Ltd with your Registration Form AS ***SOON AS POSSIBLE*** (Closing date: 1st April for relay teams, 30th April for solo swimmers).

Please ensure the Swim Secretary has ONE ***emergency contact number for your swim.***

a. ***This must also be given to your pilot on the day of your swim.***
b. ***All those travelling with you on the swim must give their details to the person who you have nominated to be the central emergency contact. You should also ask the central emergency contact to be available for the duration of your trip.***

Section B For the EXAMINING DOCTOR

The above-named person wishes to be examined with a view to checking his/her physical fitness to participate in an attempt to Swim the Channel. Please bear in mind that this is an arduous physical and mental undertaking involving swimming in Cold Water over a long distance. (see note 1)

Height_____metres Weight_____Kg

EARS : L. DRUM_____R. DRUM_____L. CANAL_____R. CANAL _____

SINUSES_____NOSE_____THROAT_____CHEST _____

CHEST X-RAY (see note 2) _____

CARDIOVASCULAR SYSTEM_____ BP _____

URINE : Albumin_____ Glucose _____

JOINTS AND LIMBS (see note 3) _____

NERVOUS SYSTEM _____

ECG_____(If any relevant abnormality is found on examination of CVS, this may be required at the discretion of your doctor)

REMARKS : (Please continue overleaf if necessary) .....

After examination, I consider _____to have no medical reason preventing him/her from swimming the ENGLISH CHANNEL at this point in time/at the time of the examination.

Signature of examining Doctor_____Date___/___/

DOCTOR'S NAME_____Address/Stamp_____

Tel.. No/ Fax no.: _____

NOTES:

1. Any doubt about a participant's fitness may be clarified by contacting a specialist physician or a sports specialist, also the Association's Medical Adviser who will be able to discuss any queries. Please email the Swim secretary at secretary@channelswimmingassociation.com
2. If there is any previous history of chest disease, written evidence of a satisfactory Chest X-Ray (taken not more than 2 years previously) MAY be required at the discretion of your doctor.
3. The Channel Swimming Association welcomes and admires disabled athletes. Even severe physical handicaps - absent limbs etc. – in our view these do not rule out a Channel Swim attempt.

Have all questions been answered in full?

Note: Medicals must be completed after the 1st October of the year before your attempt. All questions MUST be answered fully. Please check and make sure that the medical forms are filled in correctly, signed by your Doctor and yourself in ALL the places required and returned by the 1st April for relay teams & the 30th April for solo swimmers. Late payment fees are applicable.
Many medicals are returned incomplete! These **cannot** be accepted as they may have to be reviewed by a CSA Medical Adviser before you will be allowed to proceed. **Late or incomplete medicals will incur extra expense and we cannot guarantee they will be cleared in time for you to make your attempt**.

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