



LGSA Medical Assessment

Notes to swimmer

- This medical form is to provide the LGSA and your skippers and lifeguards with evidence that an appropriate medical doctor has carried out any relevant medical assessments and has signed the Doctor Signature at the end of Section B on the last page, following the swimmer (or a parent or legal guardian of the swimmer, if the swimmer is under 18 years old) having signed the Swimmer Declaration at the end of Section A.
- The LGSA is neither medically trained nor a medical body and will not make any decisions based on the contents of this form, which are set out to assist the examining doctor to carry out what they consider to be a proper medical examination. The LGSA will only be guided by the opinion of a doctor by their signature, or otherwise, at the bottom of Section B.
- The LGSA welcomes swimmers with disabilities which can be managed for the duration of an attempt without materially increasing risks to the health and safety of swimmers or others. If you are disclosing a disability please call the LGSA office to discuss how any reasonable adjustments may be made for you to accommodate your disability.
- The LGSA will keep this form for as long as it considers necessary to do so and may disclose its contents to; skippers, lifeguards, the LGSA committee members from time to time, any persons which the LGSA considers reasonably necessary for the purposes of medical provision, anyone holding a position of responsibility in an authority that is directly or indirectly involved in a Lake Geneva/Lac Léman swim, and otherwise where deemed appropriate in an emergency or where considered by the LGSA to be reasonably necessary.
- This form must be completed **after 1st January** in the calendar year of your swim.
- The signed form can be returned to the LGSA by uploading it on your online swimmer portal, and no later than **30th April** in the calendar year of your swim, failing which your application will be invalid, unless confirmed in writing by the LGSA in its sole discretion.
- Book an appointment with your doctor early. The examination that your doctor may wish to undertake will take longer than a normal routine appointment. Fees for this medical examination are your responsibility and you should check in advance what these are.
- Check this form thoroughly before uploading and ensure that all pages are signed where required. Keep a copy for your records.
- **Make sure that the swimmer (or a parent or legal guardian of the swimmer, if the swimmer is under 18 years old) and the examining doctor have signed all the required places.**

Notes to examining doctor

- The person named in Section A wishes to be examined by a medical doctor to verify that his or her medical condition, health and fitness is satisfactory for the swimmer to train for and attempt to swim Lake Geneva/Lac Léman without a wetsuit, as a solo attempt or as part of a relay team (as applicable). The person named in Section A must obtain the signature of a medical doctor at the foot of this section before being permitted by the LGSA to make such an attempt and/or undertake the relevant cold-water training.
- This form is designed to assist you in carrying out such examinations as you deem appropriate, but should in no way be taken as either mandating or restricting the extent of such tests that you may reasonably consider should be carried out.
- Any doubts regarding the swimmer's health condition(s) that may be relevant to an attempt to train for and/or swim Lake Geneva/Lac Léman must be resolved before signing at the bottom of Section B.
- Any follow-up, additional assessments and/or checks should be carried out, and their subsequent results should be taken into consideration, before signing at the bottom of Section B (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). The LGSA cannot be responsible for assisting with any certification or referral and the provision of any view, opinion or recommendation of the LGSA may not be relied upon.
- The LGSA welcomes swimmers with disabilities. Severe physical disabilities - absent limbs, blindness, deafness etc – do not necessarily rule out an attempt.
- This form must be completed **after 1st January** in the year of the applicant's swim.

Section A - To be completed by the swimmer

Swimmer Details

Full Name:	
DOB:	Nationality:

Medical Background

(please tick as appropriate)

Have you ever suffered at any time from any of the following?	Yes	No
1. Ear, nose or sinus diseases or problems	<input type="checkbox"/>	<input type="checkbox"/>
2. Impairments or difficulties with sight, hearing, body-temperature regulation or other sensory conditions	<input type="checkbox"/>	<input type="checkbox"/>
3. Chest or breathing diseases or disorders, such as asthma, bronchitis, collapsed lung or TB	<input type="checkbox"/>	<input type="checkbox"/>
4. Attacks of giddiness, blackouts or fainting	<input type="checkbox"/>	<input type="checkbox"/>
5. Fits, nervous disorders, persistent headaches or concussion	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety, 'nerves', nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>
7. Diseases of the heart and circulation, including high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
8. Chest pain/discomfort upon exertion	<input type="checkbox"/>	<input type="checkbox"/>
9. Unexplained fainting or near-fainting	<input type="checkbox"/>	<input type="checkbox"/>
10. Excessive and unexplained fatigue associated with exercise	<input type="checkbox"/>	<input type="checkbox"/>
11. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
12. One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50	<input type="checkbox"/>	<input type="checkbox"/>
13. Close relative under age 50 with disability from heart disease	<input type="checkbox"/>	<input type="checkbox"/>
14. Specific knowledge of certain cardiac conditions in family members: cardiomyopathy, Marfan Syndrome (in which the walls of the hearts major arteries are weakened), or clinically important arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>
15. Been restricted from participation in sports in the past Prior testing for the heart, ordered by a healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>
16. Prior testing for the heart, ordered by a healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you regularly or frequently take any medication or other treatment with or without prescription?	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you currently receiving medical care or have you consulted any doctor in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been refused life insurance or failed a medical examination?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you attended or been admitted to hospital in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you had an ECG (or EKG), X-Ray or MRI for the chest or upper-body in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you had a previous medical for the LGSA?	<input type="checkbox"/>	<input type="checkbox"/>
26. - If YES was the result satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Medical Background Notes

If answered YES to any of the questions 1 - 24 please provide further details below, continue on next page if necessary

Swimmer Declaration

- I understand that an attempt to swim the across Lake Geneva/Lac Léman, either solo or as part of team, together with the training for it, is extremely physically demanding.
- I (or a parent or legal guardian of the swimmer, if the swimmer is under 18 years old) hereby declare that to the best of my knowledge, the information in this form is true, complete and not misleading, having provided all relevant details with my/the swimmer's doctor would wish to consider before carrying out an examination of me/the swimmer and signing the Doctor Signature at the end of this form.
- I authorise my/the swimmer's doctor to disclose any detail of my/the swimmer's past or present medical history if requested to do so by an LGSA officer. I also agree that this form and/or the information on it may be disclosed by the LGSA to the persons directly concerned with my/the swimmer's attempt to swim the length of Lake Geneva/Lac Léman including, but not limited to, skippers and lifeguards.
- I acknowledge and accept sole responsibility to inform the LGSA in writing of any fact, matter or circumstance arising or becoming known to me after submitting this form which would prevent me/the swimmer from repeating this declaration at any time up to my/the swimmer's Lake Geneva/Lac Léman solo or relay attempt (as applicable).

Full name:	
Date:	Signature:
Parent/Gardian (if Under 18):	
Date:	Signature:

Section B - Medical Examination (completed by the examining doctor)

Doctor Details

Full Name:	
Professional Association:	
Ref/No:	
Email:	
Phone:	
Full Address:	

Medical Examination

Height (cm):	Weight (kg):	Ears Left:	Right:
Is hearing impaired? Yes <input type="checkbox"/> No <input type="checkbox"/>		Nose:	Nose:
Sinuses:		Respiratory System:	
Chest X-Ray*:			
Cardiovascular System:			
Blood Pressure:			
ECG*:			
Abdominal System:		Urine Dipstick	
Musculoskeletal System*:			
Neurological System:			

*See Notes to examining doctor

Additional Notes (please continue on next page if necessary)

Doctor Declaration

- I have carried out an examination of the swimmer named below that I consider to be reasonably necessary and in my opinion the swimmer suffers from no health condition which means that the swimmer should not attempt to swim the length of Lake Geneva/Lac Léman either as a solo attempt or as part of a relay team.

Doctor Name:	
Date:	Doctor Signature:
Doctor Stamp:	

Additional Medical Background Notes

Continuation area

Additional Doctor's Notes

Continuation area