

**Medical examination form to be completed by a
Sports Physician or Cardiologist accompanied by an ECG**

Date of examination (valid for 6 months):

Personal Information of the Swimmer:

Last Name:
First Name:
Date of Birth:
Gender:
Nationality:
Address:
Phone:
Email:

Health Questionnaire (to be filled out by the swimmer):

- | | |
|---|----------|
| 1 - Medical history: | Yes / No |
| 2 - Surgical history: | Yes / No |
| 3 - Current medical treatment: | Yes / No |
| 4 - Allergies: | Yes / No |
| 5 - Cardiovascular history (e.g., blood pressure, arrhythmia, Raynaud's): | Yes / No |
| 6 - Family history of cardiovascular issues: | Yes / No |
| 7 - Respiratory history (e.g., asthma): | Yes / No |
| 8 - Neurological history (e.g., epilepsy): | Yes / No |
| 9 - Ear, nose, throat (ENT) issues: | Yes / No |
| 10 - Eye issues (vision problems, surgery): | Yes / No |
| 11 - Psychiatric history: | Yes / No |
| 12 - Hospitalization (within the past 5 years): | Yes / No |
| 13 - Experience with cold water swimming: | Yes / No |
| 14 - Problems with rewarming after cold water swimming (hypothermia, arrhythmia): | Yes / No |
| 15 - Experience with high-altitude sports: | Yes / No |
| 16 - Issues with adaptation to high altitude: | Yes / No |

Comments:

I hereby declare:

- ✓ To the best of my knowledge, my overall health is good.
- ✓ I have disclosed all relevant information within my knowledge for the evaluation of my health condition for the practice of Winter Swimming.
- ✓ I authorize the transmission of this information to the medical official of the 2022 French Winter Swimming Championships.
- ✓ I commit to informing the medical official of the 2022 French Winter Swimming Championships of any changes in my health condition between the date of this examination and the date of the competition.

Done at :
Date :
Signature :

To be completed by the examining physician (must be a sports medicine physician or a cardiologist) - following the recommendations in the appendix:

General Examination:

Weight:

Height:

BMI:

Cardiovascular Examination:

Heart rate:

Blood pressure:

Interpretation of the ECG (mandatory):

Respiratory Examination:

Respiratory rate:

Oxygen saturation:

Peak Flow measurement:

General comments:

ENT Examination:

Ears

Throat

Abdominal Examination:

Neurological Examination:

General comments:

After examination, I declare that I do not observe any medical contraindications that would prevent participation in Winter Swimming (or Ice Swimming) in competition for:

M. / Mme. _____

Done at : _____ Date : _____

Doctor's Name : _____ Specialty: _____

Address :

Mail : _____ phone : _____

Signature :

DEFI du Lac Bleu

Attestation sur l'honneur

I, the undersigned:

Last Name:

First Name:

Address:

Phone:

Email:

Hereby acknowledge and declare:

- I have read and become familiar with the rules of the "Défi du lac bleu" as stipulated and published by the FFN.
- I commit to fully comply with the mandatory rules of the "Défi du lac bleu" for my safety.
- I am aware of the risks and dangers associated with my participation in the "Défi du lac bleu" and have prepared myself accordingly.

These risks include those associated with or posed by:

- Sudden temperature changes causing a sensation of suffocation, increased breathlessness, and an accelerated heart rate.
- Heat loss due to a radical physiological change resulting in a slowing of muscular activity.
- Immersion in extremely cold water for prolonged periods with a chain reaction of physiological responses.
- Risk of hypothermia and exhaustion with effects on my personal physical and mental health.

For distances equal to or greater than 500m, I commit to being accompanied by a capable supporting person who can:

- Assess my ability to continue or stop swimming.
- Assist me upon exiting the water to the warming-up area.
- Respond in case of hypothermia.
- Stay with me until I have regained an ideal temperature, allowing me to fully recover my physical and mental abilities.
- This person shall be informed and familiar with the rules of the "Défi du lac bleu."

I acknowledge that participating in the "Défi du lac bleu" involves inherent dangers and risks associated with cold-water swimming. I accept all these dangers and risks.

Done at:

Date:

Signature:

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