

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.

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 :



Défi du Lac Bleu

Attestation sur l'honneur

I, the undersigned:

LAST NAME:

First Name:

Address:

Phone:

Email:

Hereby acknowledge:

That I have read and familiarized myself with the rules of the Défi du Lac Bleu as stipulated and published by the FFN.

That I commit to fully comply with the rules of the Défi du Lac Bleu, which are mandatory for my safety.

That 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 caused by:

- A sudden change in temperature causing a sensation of breathlessness, increased breathing rate, and accelerated heart rate.
- The fight against heat loss with drastic physiological changes leading to a slowing of muscular activity.
- Immersion in extremely cold water for prolonged periods, with rapidly escalating physiological reactions.
- A risk of hypothermia and exhaustion with effects on my physical and mental health.

For distances equal to or greater than 500 m, I commit to being accompanied by a support person who is able to:

- Know my ability to continue or stop swimming.
- Assist me upon exiting the water and accompany me to the warming area.
- React in case of swimmer hypothermia.
- Remain present until I have regained a proper temperature allowing me to fully recover my physical and mental abilities.

This person must be informed of and familiar with the rules of the Défi du Lac Bleu.

I acknowledge that I am participating in the Défi du Lac Bleu fully aware that cold-water swimming is inherently dangerous. I accept all such dangers and risks.

IMAGE RIGHTS and ACCEPTANCE OF THE RULES

By participating in any of the events, each competitor expressly authorizes the organizers (or their beneficiaries) to use, have used, reproduce, or have reproduced their name, image, voice, and athletic performance within the framework of the Défi du Lac Bleu, for any direct or derived exploitation of the event, on any medium, worldwide, by any means known or unknown to date, and for the entire duration of protection currently granted to such direct or derived use under legislative or regulatory provisions, judicial and/or arbitral decisions of any country, as well as current or future international agreements, including any possible extensions.

Registration for and/or participation in any event of the Défi du Lac Bleu implies the express and unconditional acceptance by each participant, or by their legal representative if a minor, of these rules and of the course of the event for which they are registered.

Done at:

Date:

Signature: