

SANTA BARBARA CHANNEL SWIMMING ASSOCIATION (SBCSA)

Medical History

Medical doctor to complete this form

Name..... Date of BirthAge:

Address..... Zip code.....City.....

State Country

The above named wishes to be examined as to his/her physical fitness to participate in an attempt to swim the Santa Barbara Channel. You are kindly asked to bear in mind that it is a challenging physical undertaking.

1. Ears: R Drum _____ Canal _____ L Drum _____ Canal _____

2. Sinuses: Nose, throat _____ Chest _____

3. Cardiovascular system _____ Abdomen _____

4. Joints and Limbs (see note 2)

5. Height _____ Weight _____

6. Urine: Albumen _____ Sugar _____

7. Chest X-ray (see note 1) _____

8. Blood Pressure _____ Nervous System _____

9. EKG _____ (If over 50 or if any relevant abnormality is found on examination.)

Have you ever had any of the following?

- | | | |
|--|-----|----|
| 1. Ear trouble, deafness? | Yes | No |
| 2. Sinus trouble? | Yes | No |
| 3. Chest disease, including asthma, bronchitis. T.B. or collapsed lung? | Yes | No |
| 4. Attacks of giddiness, blackouts or fainting? | Yes | No |
| 5. Fits or any nervous disorders including 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 or hypoglycemia? | Yes | No |

- | | | |
|---|-----|----|
| 9. Do you regularly or frequently take any medication | Yes | No |
| 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 |
| 12. Do you smoke? | Yes | No |
| 13. Have you ever had an eating disorder? | Yes | No |
| 14. Have you attended or been admitted to a hospital? | Yes | No |
| 15. Have you had a previous medical examination for the | | |
| SBCSA for which the result was not satisfactory? | Yes | No |

If the answer is yes to any of these questions, please give details. (use a blank page for more details)_____

Name of Medical Doctor:..... Country

Address:..... City.....State.....

Medical doctor's remarks: After examination, I consider

to be **fit/unfit** to attempt to swim the Santa Barbara Channel.

Signature of examining Medical Doctor _____ Date _____

- A chest x-ray is not an essential requirement but is recommended if the person is over 40 year of age or if there is any previous history of chest disease.
- The Santa Barbara Channel Swimming Association welcomes and admires disabled swimmers; even severe physical handicaps, absent limbs, etc. Do not rule out a Channel attempt.
- I hereby declare that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my ability to swim the Santa Barbara Channel.

I authorize my medical doctor to disclose any detail of my past or present medical history if requested to do so to the SBCSA. I also agree that relevant information about my health may be disclosed to those persons directly concerned with my attempt to swim the Santa Barbara Channel.

Swimmer signature: _____ Date: _____

Witness: _____ Examining physical date: _____

Please return the completed Medical Certificate with the rest of the proper paperwork at least 30 days prior to the start of your swim. The swimmer must carry a copy of the medical report on the swim for the swimmer's coach or support person.