



CS&PF Office
email: office@cspf.co.uk
web: http://cspf.co.uk

Please send a scan of this form to office@cspf.co.uk. If you wish to post a paper form contact CS&PF Office for mailing address.

MEDICAL ASSESSMENT FORM 2025

This form must be completed after 1st January and must be received before 30th April 2025

Reg No. 25 -CSPF / _____ (for office use)

SECTION A - MEDICAL HISTORY

Swimmer's Notes

Please read these notes carefully before completing this form

- This medical form is to provide the CS&PF and your pilot with evidence that an appropriate medical doctor has carried out any relevant medical assessments and has signed the Doctor's Signature at the end of Section B on the last page following you or the swimmer (if under 18 and you're signing as the parent or guardian of the swimmer) having signed the swimmer's declaration at the end of Section A.
The CS&PF is neither medically trained nor a medical body and will not take any decisions premised upon the contents of this form, the totality of which are set out to assist the examining doctor in conducting what they consider to be a proper medical examination.
The CS&PF 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.
The CS&PF will retain this document for so long as it considers it necessary to do so and may disclose its contents to: a pilot, the CS&PF committee members from time to time, any persons insofar as the same is considered by the CS&PF reasonably necessary for the purposes of medical provision, any persons holding a position of responsibility in an authority that is directly or indirectly involved a channel swim, and otherwise as deemed appropriate in an emergency or where considered by the CS&PF to be reasonably necessary.
This form must be completed after 1st January in the calendar year of your swim.
The signed form can be sent to the CS&PF by uploading its scan during the completion of either Solo or Membership online forms or alternatively emailed to office@cspf.co.uk by no later than 30th April, failing which your application will be invalid, unless confirmed in writing by the CS&PF in its absolute discretion.
Book an appointment with your doctor early. The examination that you 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 fully before posting. Ensure all pages are signed where required. Keep a copy for your records.
MAKE SURE THAT YOU (OR THE SWIMMER, IF YOU ARE THE PARENT OR GUARDIAN) AND THE EXAMINING DOCTOR HAVE SIGNED IN ALL THE REQUIRED PLACES

Personal Details

Form with fields: First name, Surname, Date of birth, Nationality, Address, Town/City, Postcode, County/State, Country, Contact phone(s), Email

CS&PF Swim

Form with fields: Swim (Solo, Relay), Relay name, Pilot, Tide start

Medical Background

Form with question: Have you ever suffered at any time from any of the following? and three numbered items with Yes/No checkboxes.

Medical Background

4	Attacks of giddiness, blackouts or fainting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Fits, persistent headaches or concussion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Anxiety, nervous disorders, panic attacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Diseases or irregularities of the heart or circulation, including blood pressure, arrhythmia or Raynaud's	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Do you have diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Do you regularly or frequently take any medication or other treatment with or without prescription	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Are you currently receiving medical care or have you consulted any doctor in the past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Have you ever been refused life insurance or failed a medical examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Do you smoke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Have you attended or been admitted to hospital in the last 10 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Have you had an ECG (or EKG), X-Ray or MRI for the chest or upper-body in the last 5 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Have you had a previous medical for the CS&PF	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Medical Background Notes

If you answered 'Yes' to any of the questions 1-15 please provide further details below or on a continuation sheet (as needed)

Current State of Health and Fitness

Please state details below or on a continuation sheet (as needed) of any medical, physical or mental illnesses, conditions or injuries of which you are aware and which may affect your health or fitness now or during your swim

Swimmer's Declaration

- I understand that an attempt to swim the channel, either solo or as part of team, together with the training for it, is extremely physically demanding.
- I hereby declare that to the best of my knowledge the information which I have provided about myself or (if under 18) the swimmer in Section A of this form is true, complete and not misleading and that I have provided my/the swimmer's doctor with all details relating to my/the swimmer's medical condition, health and fitness which it's reasonable to assume my/the swimmer's doctor would wish to consider before carrying out an examination of me/the swimmer and signing the Declaration at the end of this form.
- Before providing this swimmer's declaration, I have taken all reasonable steps to identify and assess the risks to my/the swimmer's health and medical condition which may result from assuming the extreme physical demands involved in an attempt to swim across the English Channel and/or any training prior to and in anticipation of such attempt.
- In addition to the use or disclosure of the contents of this form as set out in the Swimmer's Notes, I authorise my/the swimmer's doctor to disclose any detail on this form or other detail relating to my/the swimmer's health or medical condition at any time in the past up to and including my attempt to cross the Channel ("Information") to the CS&PF Committee or my pilot or both if requested to do so by a CS&PF officer or my pilot. I also agree that this form and any Information may be disclosed by the CS&PF to the persons directly or indirectly concerned with my attempt to cross the Channel including my pilot.
- I understand that it is solely incumbent on me to continually assess my medical condition, health and fitness between signing and completing my swim and I undertake that I will use my best endeavours to promptly inform the doctor who signed this form below in writing of any likely materially adverse changes to my health in order to ask them whether their opinion on my suitability has changed. Further I will provide the CS&PF with all material updates upon my health including any amended opinion by the doctor who signed this form.

Swimmer's name		Signature	
Date			
For swimmers under 18 years of age a parent or guardian must also sign this form			
Parent / Guardian		Signature	
Date			

SECTION B - FOR THE EXAMINING DOCTOR

Notes For Doctors Before Examination

- 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 the English Channel. This requires the swimmer to undergo excessively prolonged and continuous exposure to physical exertion and sea temperatures of little or no more than 16C without a wetsuit.
- The person named in Section A must obtain the signature of a doctor at the foot of this section before being permitted by the CS&PF to make such an attempt and/or to undertake the relevant cold-water training.
- The contents of this form are designed to assist you in your task of 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 you might reasonably consider should be carried out.
- Any doubts that you may have about any of the swimmer's health condition(s) that may be relevant to an attempt to train for and/or swim the Channel must be resolved before signing at the foot of Section B.
- This form must be completed **after 1st January** in the year of the Channel swim.

Doctor's Details

Name			
Professional Association		Association No/Ref	
Address			
Town/City		Postcode	
County/State		Country	
Contact phone(s)			
Email			

Medical Examination

Applicant Name			
Height (cm)		Weight (kg)	
Ears: Right		Left	
Is hearing impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nose		Throat	
Sinuses		Respiratory system	
Chest X-ray *			
Cardiovascular system			
Blood pressure			
ECG *			
Abdominal system		Urine dipstick	
Musculoskeletal system *			
Neurological system			

* at Doctor's discretion

Additional Notes

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Doctor's Signature

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 would make it inadvisable for him/her to attempt to swim across the English Channel either solo or as part of a relay team

Swimmer's name			
Doctor's name		Signature	
Date			
(or Doctor's stamp)			