

Medical Assessment Form 2025

Please submit this form by email (tlf.nakadomari.contact@gmail.com (Tsugaru Strait Long Distance Swim Federation Administrative Office)) by 17:00 on April 18, 2025 (Japan Standard time).

Please complete this form using Block Capital Letters.

Registration No. _____ (for office use)

Section A - Medical History (to be completed by the applicant)

Important Notes for Applicants

Please read those notes carefully before completing this form.

1. This Medical Assessment Form (hereinafter referred to as this "Form") is provided to the Tsugaru Strait Long Distance Swim Federation (hereinafter referred to as "the Federation") along with evidence that a physician has performed all relevant medical assessments.
2. The Federation is not medically trained, is not a medical institution, and does not make any judgment as to the accuracy or appropriateness of the information contained in the Form. This Form is to be used only as a reference to assist the physician in determining the suitability of the applicant. The Federation will decide whether to support the applicant's Tsugaru Strait Long Distance Swim based on the assumption that the information on this Form and the opinion of the physician who has signed and stamped the bottom of Section B are all accurate and without error.
3. The Federation will retain this document for five years from the time of submission and may disclose the information to the following parties as necessary:
 - Members of the Federation
 - Individuals involved in providing medical care associated with the Federation
 - Individuals deemed appropriate by the Federation in case of emergencies or necessity
 - Any other parties directly or indirectly connected to the Tsugaru Strait Long Distance Swim.
4. This Form must be completed after the date of notification of the decision to conduct the Tsugaru Strait Long Distance Swim.
5. In the following cases, the Federation may not accept the Form submitted by the applicant and may cancel the contract with the applicant :
 - If the contents of the Form or the attached documents provided by the applicant are incomplete.
 - If the receipt of the Form is not confirmed by the Federation by 17:00, April 18, 2025 (Japan Standard Time).
 - If the Form contains any false information.
6. The cost of this medical examination will be borne by the applicant. As it is expected to take more time than a standard examination, we recommend scheduling your appointment early after consulting with your physician.
7. Please complete and submit all required information. Please keep a copy of this Form for your records.
8. Please ensure that all required fields are signed by both you and your physician.

Personal Details

First name		Middle name		Surname	
Date of birth	month	date	year		
Nationality					
Address					
Town/City			Postcode		
County/State			Country		
Contact phone(s)					
Email					

Medical Background

Have you ever suffered at any time from any of the following?		
1	Ear, nose, sinus and eye diseases or problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Impairments or difficulties with sight, hearing, body-temperature regulation or other sensory conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Chest or breathing diseases or disorders, such as asthma, bronchitis, collapsed lung or TB	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Attacks of giddiness, blackouts or fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Fits, persistent headaches or concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Anxiety, nervous disorders, panic attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Diseases or irregularities of the heart or circulation, including blood pressure, arrhythmia or Raynaud's	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Do you have diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you regularly or frequently take any medication or other treatment with or without prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Are you currently receiving medical care or have you consulted any doctor in the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Have you ever been failed a medical examination	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you ever been refused life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you smoke	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you attended or been admitted to hospital in the last 10 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	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"/> Yes <input type="checkbox"/> No

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

If your current or past medical conditions, physical or mental illnesses or disabilities, or injuries may affect your current or future fitness or suitability for swimming, or if there are any other circumstances that may help the Federation to properly assess your suitability, please provide details below or in a separate document (if necessary).

Applicant's Consent

1. I understand that the Tsugaru Strait Long Distance Swim and the training for it is very physically demanding.
2. I understood the health risks and physical risks that could occur from the challenges of the Tsugaru Strait Long Distance Swim, and took the necessary measures.
3. I give permission to the following people to disclose information about my health and medical situation from my past to the present day, as described in this Form.
 - Members of the Federation
 - All those who need the Federation for the purpose of providing medical care
 - All those whom the Federation deems appropriate in case of emergency or necessity
 - Any other person directly or indirectly related to the Tsugaru Strait Long Distance Swim.
4. I understand that I am responsible for monitoring my own health from the time I sign this form until the end of the long distance swim. If my health deteriorates, I will notify the doctor who signed this form promptly, considering the possibility that the doctor's opinion may change. If there are any changes to the content of this Form, I will notify the Federation promptly of the changes.
5. I certify that the information I have provided in Section A of this form is true and correct, and that I have provided my physician with accurate information about my medical and health conditions and my suitability for the test.
6. I agree to take full responsibility for any circumstances arising from false statements or omissions in Section A of this Form, as completed by myself.

I have read and understood the contents of Section A of this Form and agree to the terms and conditions, and I hereby sign below.

Applicant's name		Signature	
Date			

Section B – For The Examining Doctor (to be completed by the doctor)

Notes For Doctors Before Examination

1. 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 Tsugaru Strait. The Tsugaru Strait Long Distance Swim is an extremely demanding sport that involves continuous long-distance swimming without breaks in very low sea temperatures of 16° C or below, for up to approximately 15 hours, without the use of a wetsuit.
2. Applicants whose names are entered in Section A must obtain the physician's signature at the end of Section B. Without this, participation in The Tsugaru Strait Long Distance Swim based on the Federation's decision notice will not be permitted.
3. The examination items listed in this form represent the minimum requirements deemed necessary by the Federation to ensure the safe implementation of The Tsugaru Strait Long Distance Swim. These items do not restrict the scope of additional tests that the physician may determine to be necessary.
4. Any doubts regarding the applicant's health condition(s), including the information provided in Section A, that are relevant to training for or attempting the Tsugaru Strait Long Distance Swim must be resolved before signing at the bottom of Section B.
5. This Form must be completed after the date of notification of the decision to conduct the Tsugaru Strait Long Distance 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nose		Throat	
Sinuses		Respiratory system	
Chest X-ray			
Cardiovascular system			
Blood pressure			
ECG			
Abdominal system		Urine dipstick	
Musculoskeletal system			
Neurological system			

Additional Notes

※If there are any past or current medical conditions, physical or mental disorders, injuries, or other factors that may affect the applicant's health or suitability, either currently or during the swim, or if there are any circumstances that may help the Federation properly assess the applicant's suitability, please provide additional details.

Doctor's Signature

I hereby report and sign that, based on the results of the necessary and appropriate examinations conducted on the applicant named below, I have determined the following regarding the applicant's challenge of Tsugaru Strait Long Distance Swim.			
Applicant's name		Result (check the box that applies)	<input type="checkbox"/> Suitable <input type="checkbox"/> Unsuitable
Doctor's name			
Date		Signature	
(or Doctor's stamp)			