CONFIDENTIAL

UK FINSWIMMING COMPETITION MEDICAL FORM

This form is based on the original work of the Medical Committee of the British Sub-Aqua Club.

NOTES TO THE COMPETITOR CONDUCTING A FINSWIMMING COMPETITION MEDICAL EXAMINATION

Before anyone can take part in a finswimming competition with any of the associations who have jointly published this form, it is necessary for him or her to have certified themselves fit to compete in finswimming competitions.

Exceptional fitness is not essential; both men and women can compete safely providing they are reasonably fit and do not suffer from any of the disqualifying conditions described in the table of Medical Standards referred to below.

Nevertheless, finswimming does involve heavy physical exertion.

MEDICAL STANDARDS

A reference table describing the more common medical conditions, which may cause problems for finswimmers, or disqualify them from finswimming altogether, is set out on the following pages.

ADVICE

Should you have any doubts about your fitness to compete, you should seek the opinion of any Medical Practitioner.

CERTIFICATE OF FITNESS TO COMPETE IN A FINSWIMMING COMPETITION.

If you are fit to compete, please complete and sign the Certificate of Fitness to Compete in a Finswimming Competition



This form is issued by the British Finswimming Association (BFA) in concordance with British Underwater Sports Association (BUSA) regulations. BUSA is the CMAS Sports representative in the UK.



BFA



		MEDICAL STANDARDS for the guidance of doctors who may be	unfamiliar
	with requirements for competitions.	If in doubt, please discuss with your near	arest Medical Referee
SYSTEM	DISQUALIFYING FACTORS	ALLOWABLE FACTORS	OTHER POINTS
General	Gross obesity with BMI > 30, refer to Medical Referee BMI = weight in kg (height in m) ²		Competing is not advised during pregnancy. Those who have competed before discovering they were pregnant are advised to contact a Medical Referee.
ENT	Perforated eardrum in new entrants, chronic vestibular disease in new entrants.	Perforated eardrum known to have been present during several years of diving. Healed perforation, including "paper thin" scars. Unilateral nasal block. Sinusitis if not adversely affected by diving.	Valsalva test of drum mobility should be carried out and if doubtful, practical competition test in pool should be advised. For this purpose any wax obscuring a good view of the drum should be removed.
Oral Cavity	Dentures must be retained in place on fully opening the mouth and not be dislodged by placing jaws together in any position, or by movement of one denture against the other. They should extend to the muco-buccal fold. If dentures do not satisfy these requirements, they should not be worn while diving.		Applicants to be advised about bad teeth and fillings but these should not normally disqualify. Cleft palate is acceptable unless competing in immersion events.
RS	Suspicion of active tuberculosis. Tuberculosis scars other than healed primary focus in new entrants. History of spontaneous pneumothorax, lung cysts or bullae normally disqualifies. Possible surgical treatment should be discussed with a Medical Referee. Old spontaneous pneumothorax in candidates over thirty may be allowable. Refer to Medical Referee.	TB scars in established diver subject to Referee's opinion. Traumatic pneumothorax not necessarily a disqualifying factor. Any surgical removal of lung tissue or any serious lung complaint to be referred to Medical Referee. Asthma in childhood with full remission by time of examination.	A chest X-ray is not required on entry or at repeat medical examination unless there is a history of significant cardiovascular disease, respiratory disease or occupational exposure (since the last medical in the case of a repeat medical) or if the physical examination reveals an abnormality in the cardiovascular or respiratory systems. Doctors must see film or report before signing certificate. Asthma (except as under "Allowable"), surgical removal of lung tissue, chronic bronchitis or any other serious chest condition should always be referred to a Medical Referee.
CVS	Clinical or where appropriate EGG evidence of ischaemic heart disease, aortic valve disease. Evidence of heart disease other than lone systolic murmur, should be referred. Symptomatic or pathological arrhythmia', systolic pressure over 160 mm Hg, diastolic pressure over 100 mm Hg in established divers and 90 mm Hg in new entrants, or other evidence of hypertensive disease. End organ damage from hypertension	Minor asymptomatic heart disease other than ischaemic (subject to more frequent medical checks). Persons with well controlled hypertension without evidence of end organ damage may be permitted to dive. Intracardiac shunts should be referred to Medical Referee.	Post-exercise ECG recommended in the case of individuals with a poor family history of coronary disease or hyperlipidaemia, particularly if they smoke but needs to be interpreted with caution. Pacemaker to be referred to Medical Referee. Please note that finswimming does require a high level of fitness.
Haematology	Haemophilia, sickle cell disease and polycythaemia will disqualify.	Mild anaemia but advise treatment. Tumours and leukaemia may be allowable but should be referred to Medical Referee. Sickle cell trait.	Sickle cell test only where clinically indicated.
Abdomen/UGS	Significant proteinuria, until the cause has been established.	Peptic ulcer, unless unduly active or troublesome. Abdominal hernias (but advise repair).	
Nervous System and Vision	History of confirmed epilepsy including post- traumatic fits, refer to Referee. Any serious head injury in past three months. Currently symptomatic psychiatric or personality disorders. Any disease of CNS (MS, Polio Petit Mal, etc.) refer to Medical Referee.	Febrile convulsions but no other type of fit allowable. Multiple Sclerosis only stable patients acceptable.	A single isolated fit or severe head injury to be referred to Medical Referee. Severe visual impairment to be reported to Referee. A long fit free period off anticonvulsants may be allowable. Refer to Medical Referee.
Endocrine	Diabetes with diabetic complications.	Referral to Medical Referee is required for diabetics and for all other endocrine disorders.	
Drugs	The use of all IOC listed chemicals would result in an automatic 2 year ban. Any drugs that are used for medical applications should be registered with the BFA.		
Decompression Illness since last Medical			Refer to Medical Referee or Medical Consultant
Disabilities	Disease, amputation or deformity excessively limiting ability to swim. (May be issued with a restricted certificate at discretion of Referee). Learning disability sufficient to produce problems in understanding and remembering the theory and techniques of finswimming.	Arthritis, amputation or arthrodesis not severely limiting ability to swim.	Anyone with a significant disability should be assessed by a Medical Referee.

Medical Referee: At the moment all Referee referred medical evaluations will be dealt with by the BFA central committee. Address: Atherfield, Five Oak Green, Kent, TN12 6TJ.



SECTION 1

Name		
Address		
Telephone		
Age		
Occupation		
Club		
Date of birth		
Membership N°.		
SECTION)N 2	
	YES	NO
1. Have you ever had a competition medical? If so give		
date of last one in "YES"		
2. Have you ever attended or been admitted to hospital?		
•		
3. Are you diabetic?		
4. Do you wear dentures?		
5. Do you regularly or frequently take any medication or		
other treatment with or without prescription?		
6. Have you ever had any form of decompression		
sickness?		
7. Are you currently receiving medical care, or have you		
consulted the doctor in the past year?		
8. Have you ever been refused a competition medical certificate or life insurance or been offered special terms?		
9. Has there been any change in your physical or mental health since your last medical?		
10. Do you smoke? (give an approximate indication of		
number of cigarettes per day or amount of tobacco per		
week in the "YES" box)		
11. Have you any family history of heart disease or high		
blood pressure or had a blood test for blood lipids (fats)?		
12. Have you ever you suffered at any time from any of the	L lowing ?	
12. Have you ever you suffered at any time from any of the	ie ionowing :	

(a)	Ear trouble	, earache,	discharge	or deafness
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(b) Sinus trouble

(c) Chest disease, including Asthma* (unless controlled by prescribed medicine), Bronchitis* or TB*,

Pneumothorax*, collapsed lung* or exposure to dust*.

- (d) Attacks of giddiness, blackouts and fainting*.
- (e) Fits or any nervous disorders, including persistent headaches or concussion*
- (f) Anxiety, "nerves", nervous breakdown
- (g) Diseases of the heart and circulation, including high blood pressure, chest pains* and palpitation*

If the answer is YES to any disorder marked with an asterisk, then you will need to undergo a full medical. The required form can be acquired by emailing the BFA National Coach. Please not that Asthmatics who control their asthma through prescribed medication do not need a full medical but should take their medication with them and should also complete a TUPE form, should one be required, which can be downloaded from the UK Sports website

I declare that to the best of my knowledge, I am in good general health and that I have not omitted any information which might be relevant to my fitness for competition. I authorise any doctor who has attended me to disclose any details of my past or present medical history if requested to do so by the Medical Officer of my diving association.

Signed: Date:



THIS IS TO CERTIFY THAT:	Membership Number:	
Ifirm that I am, to the best of know	Membership Number:	
firm that I am, to the best of known		
ons and that I have no disorder, di	sease or factor that would	
disqualify me from competition	Valid until:	
If the competitor is under the age of consent (16 years of age), then this certificate has to be countersigned by a Parent or Guardian.	I, the Parent or Guardian, confirm that I have read the form and that the competito to the best of my knowledge is fit to compete in finswimming competitions	
	nent below on any abnormalities hat you have:	
or have an accident, then please conta	ct the following person:	
or mayor an according them produce contain	et the following person:	
	age of consent (16 years of age), then this certificate has to be countersigned by a Parent or Guardian. Please commor disorders to the counters of the count	

