



water world swim
www.waterworldswim.com

Page 6 of 6- Physician comments- **C O N F I D E N T I A L** to be sent directly by Physician to WWS.

PHYSICIAN'S APPROVAL FOR SWIMMER SWIMMING IN COLD OPEN WATER FOR PERIODS OF 2 HOURS + IN WATERS APPROX. SOME : 6 Deg C.(42 F)to 16 Deg C (61F)

Physician's Impression **(please check or initial one)**

_____ I, Dr. _____ find no medical conditions that I consider
Check here

incompatible with my patient, Mr/Ms _____ swimming in open water below
60 deg Fahrenheit (-15.6 C) for periods not longer than ____ hours.

Physicians signature Date

_____ I am unable to recommend my patient _____ participate in open
Check here

water swimming in water temperatures 60 F (-15.6C) or lower for periods not longer than 3 hrs.

Physician Remarks:

Physician's Signature or Legal Representative of Medical Practitioner

Physician's name _____

Clinic/Hospital _____

Address _____ City _____ St. _____

Country _____ Phone () _____ - _____

The person applying for any of these extreme swims must submit together with this application or with this Doctor Certificate an EKG and a Physical Stress Test done recently within 6 months before the swim

Physician's Signature Date

*Note to the physician: Please send this page (No.6) with your final opinion to Water World Swim, LLC ,
145 Town Center – No. 495- Corte Madera, CA 94925 Att'n: Coach Pedro Ordenes or Fax: to 415.236.6185*