

Arthritis SA Warm Water Exercise Program Hydrotherapy Medical Clearance Form

Your patient would like to attend a program of Warm Water Exercises for people with Arthritis, conducted by Arthritis SA. These sessions will take place at a hydrotherapy pool heated to between 30° and 36°C (usually around 34°C) and will be attended by up to 9 people. They will be supervised by an instructor and pool lifeguard trained in CPR & Pool Rescue. This environment is not necessarily suitable for everyone wishing to use the pool for warm water exercise.

Conditions which exclude a person from using the pools because they may affect others include:

- Incontinence
- Open wounds
- Infections – such as urinary, skin, eye, ear.

Dear Doctor,

In signing this form, you believe that (Participant's name)_____ is able to walk, dress and get into & out of a pool and move around in the water unaided (the pool has steps and a handrail) and is medically fit to use the hydrotherapy pools for the purpose of warm water exercise.

Please complete this person's Medical Status below and declare that the information you have given is accurate to the best of your knowledge as at the date below.

Does this patient have any of the following: (please tick appropriate & state nature of condition).

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Blood Pressure | <input type="checkbox"/> Cardiac Problems |
| <input type="checkbox"/> Respiratory Conditions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Incontinence B/B | <input type="checkbox"/> Recurrent Middle Ear Infection |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Joint Replacements | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Mild Stroke/Parkinson's disease/Multiple Sclerosis | |
| <input type="checkbox"/> Recent surgery (past 12mths) | <input type="checkbox"/> Tinea/Verrucae (Contraindicated) |
| <input type="checkbox"/> Pregnancy – Special clearance form required | <input type="checkbox"/> Open wounds (Contraindicated) |
| <input type="checkbox"/> Other _____ | |

Nature of Condition/s:

If you agree that your patient is able to participate in warm water exercises, are there any aspects of the patient's health that instructors/pool supervisors should be aware of?

Is there any medication that your patient MUST bring to the poolside with them? YES/NO

If yes, please state which medication(s) _____

Doctors' Name: _____ Signature: _____

Date: _____

Please be aware this Medical Clearance and Agreement Form is only valid until such a time as a change in medical circumstances is apparent.