

Name

Address

Phone

DOB

Have you exercised before	Yes	No	Recently	Yes	No
Can you swim	Yes	No	Recently	Yes	No

Health Questions

HAVE YOU EVER HAD OR DO YOU HAVE?

	PAST		PRESENT	
High Blood pressure	yes	No	yes	No
Low Blood Pressure	yes	No	yes	No
High Cholesterol	yes	No	yes	No
Pain/Tightness in the chest	yes	No	yes	No
Rheumatic fever	yes	No	yes	No
heart/stroke	yes	No	yes	No
Osteoporosis	yes	No	yes	No
Arthritis	yes	No	yes	No
Back Pain	yes	No	yes	No
Gout	yes	No	yes	No
Breathing problems/Asthma	yes	No	yes	No
Ulcer	yes	No	yes	No
Diabetes	yes	No	yes	No
Epilepsy	yes	No	yes	No
Hernia	yes	No	yes	No
Liver /Kidney Condition	yes	No	yes	No

Are there any other conditions or illnesses, which may limit your ability to participate in this activity? Yes No

Please describe...

In my opinion there is no reason why I should not be able to attend non supervised swimming at the public swimming pool. I understand that I am responsible for my own health and safety whilst at the Pool and I will notify SSCT if there are any changes in my health that would prevent me from participating safely

SIGNED CLIENT

DATE

SIGNED WITNESS

DATE

Please be advised that this section must be completed by a Health Professional who approves of you participating in unsupervised physical activity at the swimming pool.

Health Professional Approval Signed Date

Health Professional Title e.g. General Practitioner / Physiotherapist:

Name Contact Phone

Address