Arthritis
AUSTRALIAN CAPITAL TERRITORY
Incorporating Osteoporosis ACT
(ABN 25 538 506 729)

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HYDROTHERAPY POOL MEDICAL CLEARANCE FORM

Dear Doctor,

Your patient would like to attend a program of Warm Water Exercises for people with Arthritis, conducted by the Arthritis Foundation of the ACT. These sessions take place at hydrotherapy pools heated to between 30° and 36°C (usually around 34°C), are attended by up to 10 people and supervised by volunteers trained in CPR & Pool Rescue. The participant carries out a customised activity designed by an exercise physiologist. This environment is not necessarily suitable for everyone wishing to use the pools 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.

Please turn over the page and fill in the **Medical Status** on the back.

I believe that the person named below is able to walk, dress and get into & out of a pool and move around in the water unaided (Canberra Hospital and John James pools – steps and a handrail are used) and is medically fit to use the hydrotherapy pools at Canberra Hospital, Black Mountain School, Club MMM! and Calvary John James for the purpose of warm water exercise.

I have filled out this person's Medical Status on the back of this form and declare that the information I have given is accurate to the best of my knowledge as at the date below.

Patients Name: _____

Doctors's Name: _____ **Signature:**_____
(Please Print)

Date:_____

Patient Agreement

I……..
(Please Print Full Name)

……..……
(Full Address) **(Phone Number)**
hereby apply to participate in the Warm Water Exercise programs organised by Arthritis ACT and I have read and will comply with the Arthritis ACT Pool Rules.

I can swim YES/NO
I would like to request to have a carer attend pool sessions with me YES/NO

Signature:……**Date:**……

Note: Please be aware this Medical Clearance and Agreement Form is only valid for a period of 12 months from the date the form is signed by your doctor.

Medical Status

Patient Name: _____

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

[ ] Abnormal Blood Pressure_____ [ ] Cardiac Problems _____

[ ] Respiratory Conditions _____ [ ] Diabetes _____

[ ] Incontinence B/B _____ [ ] Recurrent Middle Ear Infection _____

[ ] Epilepsy _____ [ ] Skin Conditions_____

[ ] Joint Replacements _____ [ ] Kidney Disease _____

[ ] Mild Stroke/Parkinson's disease/Multiple Sclerosis_____

[ ] Recent surgery (past 12mths) _____ [ ] Tinea/Verrucae _____Contraindicated

[ ] Pregnancy – Special clearance form required [ ] Open wounds _____Contraindicated

[ ] Other

_____

If you agree that your patient is able to participate in warm water exercises, are there any aspects of the patient's health that 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)

_____

Please turn over the page and sign the declaration on the front.

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