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 has applied to join the Arthritis ACT Warm Water Exercise Program.
The water temperature at the hydrotherapy pools used by Arthritis ACT members is within the range of 32° – 36°C, (but usually close to 34°C). This environment is not necessarily suitable for everyone wishing to use the pools for warm water exercise.

Before a person is accepted for the warm water exercise program at any of the pools, the following conditions, which may preclude use of the pool, should be considered:

- Hypertension, especially if on Vaso-dilator drugs
- Compromised cardiac function, eg cardio-myopathy
- Valvular disease or ischaemic heart disease
- Extreme old age
- Respiratory conditions, such as COAD or restrictive lung disease
- Multiple Sclerosis

Conditions which, **if uncontrolled, could make this form of exercise unsuitable,** include:

- Asthma
- Diabetes
- Angina
- Epilepsy
- Unusually high, or low, blood pressure or heart rate

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

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

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.**

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.

Signature:……**Date:**…….

Note: This Medical Clearance and Agreement Form is only valid for 12 months from the date of the doctor's signature.