Water Aerobics & Aqua Therapy/Linda Hicks/Riverside AQuettes

Pre-exercise health information and consent form

Personal Details

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact/phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for you to participate in this exercise class or swim in the pool you are required to print this form and complete the following questionnaire in full. If you answer YES to any of the below questions, you must speak to your doctor AND receive a medical clearance before you work out.

You must inform your doctor of the following:

1. Which questions you answered yes
2. Your intent to participate in a strenuous physical exercise in the pool.

If your circumstances change in the future resulting in you answering YES to any of the questions below, you must also seek further guidance from a doctor.

2. Medical History

How long since your last medical checkup?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any prescribed medication that could effect your exercise?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major injuries/Surgery:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Lifestyle (please circle)

How do you consider your diet? Good/Adequate/Appropriate/Poor

How do you rate your stress level? High/Moderate/Low

Do you smoke? Yes/No How many per day?\_\_\_\_\_\_\_\_\_\_\_

4. Exercise Background

How long since you have participated in regular exercise (maintained an elevated heart rate for at least 30 minutes for 3 times per week)

more than 12 months \_\_\_\_\_

6-12 months \_\_\_\_\_

3-6 months \_\_\_\_\_

currently exercising \_\_\_\_\_

What has been your favorite exercise in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has stopped you from doing your favorite exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.Goals and Objectives

What would you like to achieve from being in the pool?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Specific Pre exercise Questions

Has a doctor ever said that you have a heart condition and that you should only do physical exercise recommended by a doctor? yes/no

Do you feel pain in your chest when you do physical activity? yes/no

In the past month, have you had chest pain when you were not doing physical activity? yes/no

Do you lose your balance because of dizziness or do you ever lose consciousness? yes/no

Do you experience unusual shortness of breath when you do physical activity? yes/no

Is your doctor currently prescribing drugs for any condition (eg. blood pressure or heart condition)? yes/no Details...................................................................

Are you a male 45 or over, or a female 55 or over? yes/no

Is your seated blood pressure (./. mmHg) above 140/90? yes/no

Do you have a family history of heart attack? yes/no

Has a doctor ever said that you have high cholesterol? yes/no

Are you obese (BMI > 30 or waist girth > 100 cm)? yes/no

Are you sedentary (ie. you do exercise only 3 x 20min each week)? yes/no

Do you have a bone or joint problem that could be made worse by a change in your physical activity? yes/no

Do you have asthma? yes/no

Do you know of any other reason why you should not do physical activity? yes/no

If you answered yes to any of the specific pre exercise questions, it is highly recommended that you get a doctors release.

Any other relevant information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I intend to engage in a strenuous water aerobics and/or swimming program. I acknowledge that this activity involves certain risks and I understand that by participating in this activity that I voluntarily assume these risks. In consideration of exercising I hereby release and forever discharge Water Aerobics & Aqua Therapy, Linda Hicks and Riverside AQuettes from any claims, demands, or causes of action relating to or arising from my presence or participation in a water aerobics class or swimming program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

Signature of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, you may use my face in photos for promotion: Initial: \_\_\_\_\_\_\_\_\_\_

No, you may NOT use my face in photos for promotion: Initial: \_\_\_\_\_\_\_\_\_\_\_

This form and all information will be kept in confidence unless an emergency arises.

Please do not wear perfume to class. Sunscreen is fine.

Questions: Email to [antiquemermaids@gmail.com](mailto:antiquemermaids@gmail.com) or call 951-515-5597