



# Aquatic Conditioning Medical Clearance Form

Dear Medical Provider:

**Aquatic Conditioning** is an exercise program led by an Exercise Physiologist and focuses on safe exercise in a semi-weightless environment to improve cardiovascular fitness, strength, balance, and mobility. Participants must be comfortable in the water and tolerate 60 minutes of exercise without assistance. Participants must be free of the pool precautions listed below.

Precautions to participation in water:

- **Fever over 100 degrees Fahrenheit**
- **Uncontrolled Epilepsy**
- **Severe cardiac complications such as low ejection fraction**
- **Incontinence of bowel or bladder**
- **Respiratory disease where vital capacity is less than 1 liter**
- **Skin infections or open wounds**
- **Active UTI**
- **Uncontrolled Blood Pressure**
- **Acute Cerebral hemorrhage**

**Please complete the following:**

I am not aware of any condition(s) that preclude the participation of \_\_\_\_\_ (Patients Name)

DOB \_\_\_\_\_, in the Aquatic Conditioning exercise class.

Patient was examined on or last seen: \_\_\_\_\_

Are there any limitations for participation?  Yes (please specify below)  No

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Types of medication taken, history of cardiovascular disorders, diabetes, orthopedic problems, respiratory problems, convulsive disorders, etc. that may affect the participation in the Aquatic Conditioning exercise class?

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(MD Signature) Date (MD printed name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For more information/questions regarding Aquatic Conditioning, please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: 508-394-2109