

Please complete this questionnaire and present it to the Aqua Fitness Instructor.

The information on this form will remain confidential and be stored in a private file.

The information given will enable your instructor to offer suitable exercise guidelines / alternatives when necessary, thus increasing the effectiveness and enjoyment of your exercise session.

Name:		
Address: _____		
Email:		
Phone (home):		
Date of birth:	Age:	
Doctor:	Phone:	
Emergency Contact:	Phone:	
Do you currently have or have you ever had: (please ✓)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Muscular Pain <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Back Pain <input type="checkbox"/> Any form of heart condition <input type="checkbox"/> Diabetes	<input type="checkbox"/> Arthritis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Joint Pain
Are you currently taking medication or having any medical treatment? If yes please specify:		
Are you or have you recently been pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had recent surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel confident in the water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you swim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you participate in regular physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Should your medical status change please advise your instructor so a new screening questionnaire can be completed.*

### Thank you for completing the questionnaire.

Please work at your own pace throughout the class and remember that doing the exercise properly is more important than “keeping up”.

If you have any queries or concerns, please see your instructor as soon as possible.

*‘I understand that the instructor is not able to provide me with medical advice and that all information given is given as a guideline regarding possible limitations to exercise. I have completed this questionnaire to the best of my ability and understand the advice given.’*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_