

SWIMMING PRE-ACTIVITY QUESTIONNAIRE



MEDICAL INFORMATION

Tick if you have been diagnosed, experienced or felt/suffered from the following:

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| <input type="checkbox"/> Heart Condition/Stroke | <input type="checkbox"/> Faintness or dizziness whilst exercising |
| <input type="checkbox"/> Asthma attack (last 12 months) that required medical attention | <input type="checkbox"/> Diabetic type 1 or 2 and had trouble controlling blood glucose in the last 3 months |
| <input type="checkbox"/> Muscle, bone or joint problems that could be made worse through exercise | <input type="checkbox"/> Pain in the chest |
| <input type="checkbox"/> Other medical conditions that would make it dangerous to exercise with (for example pregnancy, epilepsy etc) | |

As per Fitness Australia guidelines if you tick **YES** to any of the conditions above you **must** provide medical clearance from a qualified professional.

No warranty or safety should result from the use of a Doctors Clearance Certificate. The screening system is no guarantee against injury or death. No responsibility or liability can be accepted by Castle Hill Swimming for any loss, damage or injury that arises while participating at Castle Hill Swimming.

Name:

Date:

Signature:

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