



# MEDICAL CLEARANCE FORM

Creek Road  
 ST MARYS NSW 2760  
 PO Box 918  
 ST MARYS NSW 1790  
 Phone: 02 9833 3075  
 Fax: 02 9833 4986  
 Hours  
 Monday to Friday 7am - 7pm  
 Saturdays 8am - 12pm  
 Sundays & Public Holidays - Closed

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
 Sex: (please circle) Male / Female Date of birth: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Doctor providing clearance: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Dear Doctor,  
 Ripples Hydrotherapy Pool is heated to 33°-34°C. This is suitable for the majority of people, however medically unfit people can feel quite debilitated after being in a heated pool. Your patient has requested to undertake Hydrotherapy at our Centre, a requirement of which is that they gain a Doctor's Clearance to do so. Please indicate and comment on whether any of the following conditions would affect your patient using the Hydrotherapy Pool.

**In my opinion the above patient is / is not suitable to undertake Hydrotherapy**

**Doctors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	YES	Please Give Details
Urinary tract / vaginal infection / thrush		
High / Low Blood Pressure		
Heart Problems		
Respiratory Conditions		
Epilepsy <i>Controlled?</i>		<i>Uncontrolled is contraindicated</i>
Kidney Disease		
Diabetes <i>Controlled?</i>		
Pregnancy		
Incontinence • <i>Bladder</i> • <i>Bowel</i>		
Skin conditions • <i>Rash</i> • <i>Chemical sensitivity</i> • <i>Other</i>		
Tinea / verrucae		
Open wounds		
Spinal or back problems		
Arthritis		
Stroke		
Dizziness, Fainting		
Other		
Can the patient swim		
Does the patient have a fear of water?		



# ACCEPTANCE OF RISK AGREEMENT

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Closed

I am aware that during my participation in any activity at the Ripples Hydrotherapy Centre, certain risks or dangers may occur which may include, amongst others:

- Physical exertion to which I may not be accustomed.
- Bodily injury; strains; fractures; paralysis; death
- The possibility of accident or illness requiring the assistance of medical services

I have read the following list of medical conditions which could affect my using the Hydrotherapy Pool and confirm that I am not aware of any conditions on the list which would prevent my use of the Hydrotherapy facility:

• Urinary tract / vaginal infection / thrush	• Pregnancy
• High / Low Blood Pressure	• Incontinence Bladder, Bowel
• Heart Problems	• Skin conditions/ rash, chemical sensitivity
• Respiratory Conditions	• Stroke
• Epilepsy - uncontrolled	• Tinea / Verrucae / Skin
• Kidney Disease	• Spinal or Back Problems
• Diabetes - uncontrolled	• Dizziness, Fainting

If for any reason you are unsure of your fitness to use the Hydrotherapy Centre it is recommended that you obtain a Medical Clearance from your Medical Practitioner - Ripples will exercise our policy to require a Medical Clearance for clients with any of the above contraindications, or any other condition which we deem require a clearance.

**I agree:** To act as would a reasonably prudent person when engaging in recreational and rehabilitation activities, and to obey and follow the instructions, rules and regulations offered at any time by Ripples Hydrotherapy Centre, its agents, employees and associates.

To advise Ripples Hydrotherapy Centre staff of any known health problems or medical disability and any prescribed medication that may be used in the treatment of such health problems during the course of the activity eg asthma puffers.

To notify Ripples Hydrotherapy Centre staff of any incident or accident involving personal injury or illness experienced during the course of any activity at Ripples Hydrotherapy Centre. If such injury or illness occurs I agree to leave personal identification including name and address with an agent or employee of Ripples Hydrotherapy Centre.

That if I suffer injury or illness Ripples Hydrotherapy Centre may, at my own cost, arrange such medical treatment and emergency evacuation service, as it shall consider necessary for my safety.

I acknowledge that the undertaking of Hydrotherapy activity may involve risks which may exceed those commonly accepted at home or at work. I accept all the inherent risks of my activity, and the possibility of personal injury, resulting there from. I waive all claims, which might arise against, and agree not to sue Ripples Hydrotherapy Centre, its directors, employees, agents or contractors for any such injury, which might be sustained by me as a result of my participation in such activity.

In entering this agreement I am not relying on any representations made by or on behalf of Ripples Hydrotherapy Centre, but do so of my own free will.

*I confirm that I have read and understood this agreement prior to signing it, and it shall be binding upon my heirs, executors, assigns and next of kin.*

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Sex:** M / F **DOB:** / /

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Legal Guardian Signature** (must be signed if participant is under 18 years of age). **Date:** \_\_\_\_\_