



# Masters Swimming NSW

## At Risk Notification Form

All information is confidential.

***I, \_\_\_\_\_, hereby notify Masters Swimming NSW of the following at risk problems that might interfere with my performance.***

***I recognise that the medical coverage at the swim meet is basic resuscitation only.***

Please list any medications you are currently taking for any condition(s), which may affect your swimming or safety in the water.

Please tick the following applicable medical problems or comment on your problem in the space provided.

Recent hospitalisation		
Recent cardiac surgery		
Elevated blood pressure		
Epilepsy		
Angina		
Recent abdominal surgery		
Recent infection		
Recent asthma		
Recent convulsion		
Diabetes		
Other		

Symptoms (recently experienced)	Yes	No
Chest pain		
Breathlessness		
Cough		
Palpitations		
Dizziness		
Faints/ Fits		
Fatigue		
Pain - Neck/ Back/ Joints/ Other (circle)		

Details of above \_\_\_\_\_

\_\_\_\_\_

**Signature .....** **Date...../...../.....**