MEDICAL INFORMATION FORM (Optional)

All swimmers are reminded that when renewing their annual membership and/or whenever their medical status changes, they must immediately notify their Club Safety Officer and Club Coach.

ID Number	_ _ _ _ _	❑ NEW MEMBER ❑ RENEWING MEMBER
Surname	Given Name	

	Yes	*No*
Do you hold any current First Aid, CPR or Life Saving qualifications	❑	❑

Please list - ……...

……

When did you last undergo a complete physical examination by a medical practitioner? Please tick:

❑ Less than 12 months ago ❑ Approx. 2 years ago ❑ In the last 2-5 years

❑ More than 5 years ago ❑ Never

If you haven't already done so, it is recommended that you have a medical examination and discuss with your doctor your intention of commencing an activity program.

Have you any history of the following: indicate yes/ no

Heart Disease		Asthma		High Blood Pressure	
Diabetes		Epilepsy		Osteoporosis	

❑ Are you over the age of 35 (45 for women)

❑ Has your doctor ever said your blood pressure is too high, or are you on regular medication for this condition?

❑ Do you ever have pains in your chest?

❑ Do you have heart trouble, or a family history of heart or circulatory disease (such as stroke)?

❑ Do you have any conditions such as diabetes or epilepsy?

❑ Do you have frequent faintness or dizziness?

❑ Do you smoke?

❑ Has your doctor ever told you that you have a bone or joint problem (such as damaged ligaments or arthritis) or do you have back, hip or knee pain?

❑ Are you overweight or obese?

❑ Have you had any recent surgery or illness?

❑ Is there any major physical reason not mentioned here which could prevent you from taking part in an activity program if you wanted to?

❑ Do you have any breathing problems (asthma, bronchitis, bad sinus)?

Please give details if you have ticked any of the boxes above _____

_____

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