

Aquafitness Program
Physical Activity Readiness Questionnaire
Bloorview Kids Rehab – 150 Kilgour Road

Note: this Aquafitness program is taught in a 92° pool and is led by an Aquafitness instructor, not a therapist. We require the individuals involved to be aware of their limitations and encourage them to work at their own pace.

First & Last Names: _____

Home Phone: () _____ Work Phone: () _____

Health Card Number: _____

Emergency Contact: Name: _____

Phone: () _____

Common sense is your best guide in answering the following questions. Please read carefully and check (4) the “yes” or “no” opposite the question as it applies to you.

YES

NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity? |
| _____ | _____ | 2. Do you have chest pain brought on by physical activity? |
| _____ | _____ | 3. Have you developed chest pain at rest in the past month? |
| _____ | _____ | 4. Do you lose consciousness or lose your balance as a result of dizziness? |
| _____ | _____ | 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? |
| _____ | _____ | 6. Is your doctor currently prescribing medication for your blood pressure or heart condition? (ie. diuretics or water pills) |
| _____ | _____ | 7. Are you aware, through your own experience or a doctor’s advise of any other reason against your exercising without medical approval? |
| _____ | _____ | 8. Are you pregnant? |

- Note:** 1. ***If you answered YES to any of the previous questions, a physician’s written approval is required.***
2. ***This questionnaire applies only to those under 70 years of age. Anyone 70 years or over must have written approval from their physician.***

Please turn over →

Please answer the following:

1. If I have answered 'yes' to any of the previous questions, then I have consulted my Doctor and have attached a note indicating that s/he feels this program would be both safe and suitable for me.

Yes Not Applicable

2. If, for a *previous* session, I had acquired a Doctor's note, I recognize that I should re-visit my physician, and my suitability for this program, on *at least* an annual basis.

Yes Not Applicable

3. I am comfortable supporting myself in deep water, *without* a flotation device?

Yes No

(While you do not have to be able to swim in order to participate in our program, we recommend that you stay in the shallow end if you are not comfortable supporting yourself independently in deep water)

I recognize that a risk of injury may be involved in participation in the above named program/activity. I hereby willingly assume such risk or injury for myself or for the above named person for whom I am in law responsible, and release Bloorview Kids Rehab from all actions, damages claims and demands, whatsoever arising by reason of participation in the program and any of it's associated activities. I acknowledge that I should consult a medical doctor before embarking on any physical fitness program.

Signature: _____ Date: _____
(Parent/Guardian if under 18 yrs.)

Please Note: it is strongly recommended that you bring pool/deck shoes to wear to the pool side (outdoor footwear is not permitted on the pool deck). A plastic water bottle that you can take with you onto the pool deck is also recommended.