Vicki's Aquatic Therapy

# Health Declaration

**Please fill out this form**

**First name: _____**

**Last name: _____**

**Email: _____**

**Date of birth: Month/Day/Year**

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**Can you swim: yes ☐ no ☐**

**Are you suffering from and kind of medical condition, illness or injury? _____ If yes please explain**

**_____**

**Do you lose balance because of dizziness or have you lost consciousness in the last 12 months? _____**

**If yes, please explain _____**

**Have you been diagnosed with and chronic medical condition? _____**

**If yes, please explain _____**

**_____**

**Are you currently taking any prescribed medications? Please list below**

**_____**

**_____**

**Do you currently have (or have had in the last twelve months) a bone, joint or soft tissue (muscle, ligament or tendon) problem that could be made worse by becoming more physically active? Please answer no if the problem has resolved.**

**_____**

**_____**

**Has your doctor ever told you that you should only so medically supervised activity? _____**

**I declare that all the info I've provided is accurate and complete**

**_____**

**Signature**