MEDICAL CLEARANCE FORM FOR AQUATIC PROGRAMS

Participant Name: _____ Birthdate: _____

PLEASE CHECK MEDICAL CONDITION: ___Stroke ___Amputation ___Spinal Cord Injury ___Cerebral Palsy ___Brain Injury ___Arthritis ___Neurological Illness (MS, MD, etc) ___Spina Bifida/Other Brain Anomaly ___Other:_____

DO YOU HAVE OR ARE YOU CURRENTLY BEING TREATED FOR: ___Diabetes ___Heart Problems ___High Blood Pressure ___Pacemaker ___Breathing Problems ___Fainting/dizziness ____Seizure disorder

PLEASE LIST MEDICATIONS YOU ARE TAKING: _____

_____

PHYSICIAN NAME: _____PHONE: _____FAX: _____

ADDRESS: _____CITY/STATE: _____ZIP: _____

My signature below gives my permission to the above-named physician to fill in the information requested on this form and return it to the Rochester Rehabilitation Center, Inc. – SportsNet Program.

_____ _____

PARTICIPANT'S SIGNATURE AUTHORIZING RELEASE OF INFO DATE

(PARTICIPANT **PLEASE FILL IN TOP PORTION ONLY** & RETURN THIS FORM WITH YOUR REGISTRATION TO ROCHESTER REHAB CENTER)

PHYSICIAN CONSENT

Your above named patient has indicated interest in participating in the following aquatic programs offered by Rochester Rehabilitation Center. Before enrolling your patient in the program we request medical clearance. Please be advised that the pool's water temperature is maintained @ 92-96 degrees. If you have any questions about program activities please contact Nancy Steinkamp, MS, CTRS at (585) 271-1894, ext. 674.

Water Wellness provides an opportunity for individuals to independently continue their prescribed water exercise program following discharge from physical or occupational therapy. A Therapeutic Recreation Specialist oversees the program. Enrollment is ongoing and participants may attend up to 5x per week.

Aquability, a structured water exercise class led by a Therapeutic Recreation Specialist, is designed to increase range of motion and muscle strength, and improve flexibility. The class meets twice a week for 8 weeks.

Ai Chi is a bodymind technique performed in the warm water. This class focuses on deep breathing and patterned broad movements of the upper and lower extremities and torso. Benefits include increased blood and oxygen circulation, increased range of motion and flexibility, improved sense of relaxation, and decreased blood pressure. Class will be held twice per week for 8 weeks.

Are any restrictions necessary? ___YES ___NO *If yes, please specify: _____

_____

_____ _____ _____

Physician Signature Date Physician Name PRINTED

Please Return to: Rochester Rehabilitation– ATTN: SPORTSNET
1000 Elmwood Ave, Suite 600
Rochester, NY 14620-3097
Tel: 585-271-1894 **Fax**: 585-442-6883