**Hydrotherapy pool: pre-swim questionnaire**

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Date of birth |  |
| Address |  |
| Email |  | Phone |  |

**Emergency contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone |  |

**Health conditions**

*Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?*

**YES or NO**

*Have you ever felt pain in your chest when you do physical exercise?*

**YES or NO**

*In the past month, have you had chest pain when you were not doing physical activity?*

**YES or NO**

*Do you often feel faint, have spells of severe dizziness or have lost consciousness?*

**YES or NO**

*Have you ever suffered from unusual shortness of breath at rest or with mild exertion?*

**YES or NO**

*Has the doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise?*

**YES or NO**

*Do you have either high or low blood pressure?*

**YES or NO**

*Are you currently on any prescribed medicines that may affect your ability to exercise?*

**YES or NO**

*Are you pregnant or have you had a baby in the last 6 months (females only)?*

**YES or NO**

*Do you know of any other reason that would affect your ability to participate in physical activity?*

**YES or NO**

**If you answered YES to one or more questions**:

Talk to your doctor either in person or by phone. Tell your doctor what questions you answered ***yes*** to on this form.  It is your responsibility to ensure that you are fit to use the hydrotherapy pool.

Please ensure that you inform Bowden Derra if anything you have completed on this form changes for future sessions. **Do not enter the pool if you experience vomiting or diarrhoea within the previous 48 hrs.** You are not permitted to enter the hydrotherapy pool until you are clear of all symptoms for at least 48 hours.

|  |
| --- |
| I have answered the questions above to the best of my knowledge and have read the ‘information for use of the hydrotherapy pool at Bowden Derra’.Signed:Date: |

If the person using the pool does not have capacity to sign, please confirm that, in accordance with the Mental Capacity Act 2005, a decision has been made in the person’s best interest to use the hydrotherapy pool and all associated risks have been assessed.

*Name of person making this declaration:*

*Signed by the person making this declaration:*

*Relationship to the person using the pool:*

*Date signed:*

**Privacy notice:** This form will be held by Bowden Derra Park Ltd for future reference, and in accordance with the provisions of the GDPR. The information provided may be used to contact you if any issues arise in relation to a hydrotherapy pool booking but will not be used or processed in any other way.