

# MEDICAL CLEARANCE FORM

(to be used for courses that require medical clearance prior to enrolment)

## PARTICIPANT'S CONSENT FORM

Please complete before seeking Doctor's consent

I (please print name)..... wish to enrol in one of the exercise classes offered by Healthy Lifestyle and am willing to take responsibility for myself during any courses I attend.

I will inform the leader should there be any change in my health or medication that could preclude me taking part in the following Healthy Lifestyle program  
(Please insert the **full title** and **level** of course you are attending) .....

Signed..... Date.....

## DOCTOR TO COMPLETE - GENERAL HEALTH

**To the Doctor:** Healthy Lifestyle Unit of Northern Sydney Health considers the safety of participants to be of paramount importance. Please complete **first** this general health information section and then **second** complete the section specific to the class(es) your patient would like to attend.

**A. Is your patient able to participate in a group class without the assistance of a carer? YES or NO**

**B. Does your patient have any of the following pre-existing conditions?**

### Cardiovascular disease

- ☐ High Blood Pressure
- ☐ Arrhythmia
- ☐ Pacemaker
- ☐ Angina
- ☐ Other (please specify)

.....

### Respiratory Conditions

- ☐ Asthma
- ☐ Emphysema
- ☐ COPD
- ☐ Other (please specify)

.....

### Neurological Conditions

- ☐ Mild Stroke
- ☐ Parkinson's disease
- ☐ Multiple Sclerosis
- ☐ Other (please specify)

.....

### Muscular Skeletal conditions

- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Foot problems
- ☐ Joint replacement
- ☐ Other (please specify)

.....

**Other** (Please specify) eg Depression .....

## DOCTOR TO COMPLETE - WARM WATER AQUA CLASSES

**To the Doctor:** Healthy Lifestyle offers a number of aquafitness programs which are particularly beneficial because the water supports the body and lessens the stress on people who are overweight, less active, have joint problems or are recovering from an injury.

Most of these classes are conducted in hydrotherapy or heated pools where the temperature ranges from 30°C to 34°C. Exercise in warm water can be tiring and, in the interests of safety, we require participants to have the approval of their doctor.

**A. Aside from the conditions listed in the General Health section above, please consider the following conditions when authorising your patient's participation in warm water aqua classes:**

- Hypertension, especially if on vaso-dilating drugs.
- Cardiac function, eg cardiomyopathy, valvular disease or ischaemic heart disease
- Respiratory conditions including post-myoneural conditions affecting respiratory capacity.
- Extreme old age.

**B. Contraindications:** Patients with the following conditions **SHOULD NOT** attend warm water aqua classes:

- Pregnancy
- Incontinence (urinary or faecal)
- Infections (urinary or vaginal)
- Skin conditions (eg tinea)

**C. Consent:** Having read the information above, I consider that this patient is fit and able to attend warm water aqua classes and is unlikely to have a health related event as a consequence.

Referring doctor (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DOCTOR TO COMPLETE - STRENGTH TRAINING

**To the Doctor:** Healthy Lifestyle offers a strength training program which consists of educational and practical components. It has been specially developed for older adults 50+ who may be less active and may have weaker muscles and bones.

The classes involve the use of free weights held in the hands and attached around the ankles. Weights are chosen to suit each individual's level of fitness and strength and are progressively increased according to ability and capacity.

**Aside from the conditions listed in the General Health section on the reverse, it is advisable to consider, and your consent is required, as to whether your patient may be suitable for the program if they have a serious medical condition or may be at "relative risk". The American College of Sports Medicine has provided the following guidelines:**

**A. At Relative Risk:**

- |   |  |
|---|--|
| <input type="checkbox"/> Uncontrolled high blood pressure | <input type="checkbox"/> Uncontrolled metabolic diseases eg Diabetes |
| <input type="checkbox"/> Valvular heart disease           | <input type="checkbox"/> Cardiomyopathies                            |
| <input type="checkbox"/> Complex ventricular ectopy       |  |

**B. Absolute Contraindications:** Patients with the following conditions **SHOULD NOT** attend strength training classes:

- Unstable angina      ● 3<sup>rd</sup> degree heart block      ● Uncontrolled arrhythmias

**C. Consent:** Having read the information above, I consider that this patient is fit and able to attend the strength training program and is unlikely to have a health related event as a consequence.

Referring doctor (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DOCTOR TO COMPLETE - FOR UPRIGHT AND ACTIVE

**To the Doctor:** Upright and Active is a falls reduction exercise program designed for the less active and less able older members of our community.

Following on from a research project with the University of NSW on a randomised/controlled falls reduction trial, Northern Sydney Health is now providing this program to the general community. It involves both educational and practical exercise components designed to improve strength, balance, coordination and reaction time to reduce the risk of a fall.

For safety reasons, and because potential participants are perceived to be at risk of sustaining a fall, we require a signed doctor's clearance for all applicants to the program.

**A. Aside from the conditions listed in the General Health section on the reverse, please tick any of the following conditions that need to be allowed for in class:**

- |   |   |
|---|---|
| <input type="checkbox"/> Visual problems    | <input type="checkbox"/> Hearing problems   |
| <input type="checkbox"/> Joint replacements | <input type="checkbox"/> History of falls <input type="checkbox"/> Other (please specify) _____ |

**B. Contraindications:** Patients with serious heart or neurological conditions **SHOULD NOT** undertake the Upright and Active Program.

**C. Consent:** Having read the information above, I consider that this patient is fit and able to attend Upright & Active and is unlikely to have a health related event as a consequence.

Referring Doctor (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_