Medical Clearance Form (ante-natal)

Please take this form to the obstetrician, doctor or midwife who is looking after you. You will require their consent *before* you can participate in Aquanatal® exercise classes.

Aquanatal® classes are specifically tailored to the needs of pregnant women and run by specially trained Aquanatal® instructors, who are registered AHPRA health professionals with a special interest in Pregnancy. Aquanatal® is generally suitable for healthy women from 14 weeks of pregnancy. A collection of research-based information on Aquanatal® exercise and exercise in pregnancy is available on the Aquanatal® website at http://www.aquanatal.com.au.

To the healthcare provider: Please review your client and indicate whether she is, or is not, able to participate safely in a regular Aquanatal® exercise program.

Client

Name: _____

Client's Birthdate: _____ Baby's due date: _____

Does your client have any of these conditions?

1) Ruptured membranes or premature labour	No	Yes	9) History of miscarriage or premature labour	No	Yes
2) Pregnancy-induced hypertension or pre-eclampsia	No	Yes	10) Anaemia or iron deficiency (Hb < 100 g/L)	No	Yes
3) Incompetent cervix	No	Yes	11) Malnutrition or eating disorder (anorexia, bulimia)	No	Yes
4) Persistent second or third trimester bleeding	No	Yes	12) Any cardiovascular or respiratory disease (e.g. chronic hypertension, asthma)	No	Yes
5) Placenta previa	No	Yes			
6) Possible intra-uterine growth restriction	No	Yes	13) Other significant medical condition(s)	No	Yes
7) Multiple pregnancy (e.g. twins/triplets)	No	Yes	Please specify: _____		
8) Uncontrolled Type I diabetes, hypertension, thyroid disease	No	Yes	_____		
			_____		

Physical Activity Recommendation

I hereby approve Aquanatal® exercise programs for my client _____

[insert client name]

Additional comments: _____

_____

_____

Name of healthcare provider: _____

Address: _____

Telephone: _____

Signed: _____ Date: _____