



Spruce Aquatic Centre Therapeutic Pool and Fitness Room Health Intake Form

Participant Information		
Date:		
Name:		
Address:		
Telephone:	Date of Birth:	
Email:		
Emergency Contact Information		
Name:	Telephone:	
Relationship:		
PLEASE READ THE 7 QUESTIONS BELOW CAREFULLY AND ANSWER EACH ONE HONESTLY: CHECK <u>YES</u> OR <u>NO</u>	YES	NO
Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/>		
Do you feel pain in your chest at rest, during your daily activities of living OR when you do physical activity?		
Do you lose your balance because of dizziness OR have you lost consciousness in the last 12 months? <i>Please answer NO if your dizziness was associated with over-breathing (including vigorous exercise)</i>		
Have you every been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE:		
Are you currently taking prescribed medication for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATION(S) HERE:		
Do you currently (or have you had in the past 12 months) a bone, joint, or soft tissue (muscle, ligament, tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE:		
Has your doctor ever said that you should only do medically supervised physical activity?		

*If you have answered **YES** to any one of these questions, we recommend you consult your doctor before participating in and exercise program.*

I acknowledge and verify that the above information is accurate. In the event that any of the above information changes, I understand that it is my responsibility to inform the instructor and that it is recommended that a new form be completed. This form is also required to be renewed every 12 months.

I understand that there is an element of risk involved in any fitness class. I understand that participation in Spruce Lodge's Therapeutic pool and/or Exercise/Wellness programs is done so at one's own risk, understanding that no medical assessment has been performed to determine suitability of programming. I understand that the staff members are not held responsible for any damages or injury caused to myself or property no matter how such damage occurs.

I authorize communication with my emergency contacts as necessary. I understand that it is Spruce Lodge's responsibility to call 911 if they deem there is an emergency. I understand that if an ambulance is called, I will be responsible to pay any fee charged.

I acknowledge that the pool temperature is typically maintained between a range of 89-91 degrees Fahrenheit (31- 33 degrees Celsius), a temperature that is higher than most public and private pools.

These factors could lead to possible skin irritation, dizziness, headache and or a spike in blood pressure.

I recognize the use of the therapy pool facilities requires some physical exertion, which may be strenuous and may aggravate any pre-existing health condition. I am fully aware of the risks and hazards involved.

I will use the equipment in the fitness room according to the guidelines labeled or indicated by signage.

Name (Print): _____ Date: _____

Signature: _____

**If you have any questions, concerns or comments please contact:
Janine Hamilton, Support Services Manager, 519-271-4090 ext. 2212
Tamara Colaizzi, Pool Coordinator, 519-271-4090 ext. 2282**