



## AQUANATAL Medical Declaration

In order for us to comply with Health & Safety requirements and ensure you are comfortable at all times during your participation in this course, please complete the following information, please write clearly and in capital letters.

Name .....

Mobile Number.....

Address.....

.....

E-mail .....

Emergency Contact. *Name & Number*.....

Due date.....

Are you expecting twins? YES/NO (please circle)

Can you swim? YES/NO (please circle)

The Aquanatal course does not involve any swimming but a certain level of water confidence is required.

Since becoming pregnant, have you been engaging in any other regular exercise? If so, please list.....

.....

Do you have any pregnancy/non pregnancy related health issues? These include, but are not limited to : low back pain/sciatica, muscle/joint problems, history of miscarriage or premature labour, high or low blood pressure, history of incomplete cervix, persistent second or third trimester bleeding, heart disease, pre-term rupture of membranes. If so, please list

.....

.....

Are you on any medication? If so, for what?.....

If you have had or have any pregnancy/non pregnancy related health issues, for your safety and comfort, You are required to seek advice from your midwife, GP or Consultant before taking part in any Aquanatal course.

I confirm I have read this Aquanatal Medical declaration, have sought medical advice regarding any health issues and am fit, to the best of my knowledge, to participate in the Aquanatal course.

Signed.....

Dated.....