

# GLEN EIRA SPORTS AND AQUATIC CENTRE

## MEDICAL CONSENT AND ASSESSMENT FORM



Please ask your doctor to complete.

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

I give permission for my doctor to release my medical details to the Health Club Instructor.

Signed: \_\_\_\_\_

The following matters have been identified in a pre-exercise screening undertaken by the above named patient:

\_\_\_\_\_  
\_\_\_\_\_

Prior to patient being approved to undertake an exercise program at the Glen Eira Sports and Aquatic Centre completion of form and an assessment of the patient's fitness to exercise is required.

1. Blood pressure: (please provide reading and any comment regarding impact on exercise suitability)

\_\_\_\_\_  
\_\_\_\_\_

2. Please list any medical conditions this patient may have which may affect their ability to exercise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list any medications this patient may be taking which may affect their ability to exercise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The above named patient is/is not (strike through non-applicable) considered by me to be medically fit to exercise subject to the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_