

Adult Swimmer Consultation Form

Congratulations on signing up to swimming lessons. Before we get started, we need to find out a little bit about you and what you want to achieve.

Name:

Name of emergency contact:

Emergency contact number:

Name of Centre:

1. Medical Questionnaire (Please delete as appropriate)

Has your doctor ever said you should avoid physical activity due to a medical condition?

Yes/ No

Do you feel pain in your chest when you do physical activity?

Yes/ No

In the past month, have you had chest pains when you were not doing physical activity?

Yes/No

Do you lose your balance because of dizziness, or do you ever lose consciousness?

Yes/No

Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

Yes/No

Is your doctor currently prescribing drugs for your blood pressure or any heart conditions?

Yes/No

Do you know of any reason why you should not do physical activity?

Yes/No

Medical Support Notes

If you have answered YES to one or more questions, please contact your GP before starting swimming lessons, to ensure that is safe for you to do so. Should your health change, please inform your instructor and seek medical advice before continuing with your lessons.

2. Swimming History

Are you comfortable in and around water?

Do you require support in entering or exiting the water?

What distance, if any, are you able to travel in the water?

Which of the four strokes, if any, are you able to swim?

Do you have any questions or concerns with regard to swimming lessons?

3. Goals

What would you like to achieve from your swimming lessons?

I confirm that all of the information provided is correct and I have no additional information I wish to share.

Print name:.....

Signed: Date:.....

Any information disclosed is maintained on our database and only accessible to our teachers, coordinators, and assistants in accordance with data protection.