



Mildura Rural City Council

AGED & DISABILITY SERVICES

**Planned Activity Group
Medical Clearance Form**

Aged and Disability Services conduct Planned Activity Programs which include Chair based gentle exercise program and a Warm Water Exercise program. It is necessary for a medical clearance to be completed by the participant and your doctor prior to commencing either of these programs.

Client Details

Name: - _____ **Age:** - _____ **Date of birth:** - _____
Address:- _____
Person to contact in case of emergency:- _____
Phone:- _____
Doctor:- _____ **Phone:-** _____

Medical History

Has your doctor ever said you have a heart condition?.....Yes No
Do you have blood pressure?.....Yes No
If yes, is it..... High Low
Has your doctor ever said that you must limit your physical activity?.....Yes No
Do you feel pain in your chest when you exercise?.....Yes No
Do you get dizzy?.....Yes No
Do you faint or lose consciousness?.....Yes No
Do you get asthma?.....Yes No
Do you get short of breath when you exercise?.....Yes No
Do you have diabetes?.....Yes No
If yes, is it.....Type 1 Type 2
Do you suffer from epilepsy?.....Yes No
Any bone or joint issues that may be made worse with exercise?.....Yes No
If yes, which joints? _____



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Medications

Please list all your medications

*Note: If you have a change of medication please notify the office or PAG instructor.

GP to Complete

Based on the above responses are there any medical reason that would prevent the participant from commencing Gentle chair based exercises and or the Warm water exercise program? Yes No

If yes, comment:-

Doctors' Signature:- _____ **Date:-** _____

Participant's Signature:- _____ **Date** _____

Office use only; MCF date received: _____ **Signature:-** _____