

Medical Clearance Form (ante-natal)

Please take this form to the obstetrician, doctor or midwife who is looking after you. You will require their consent *before* you can participate in Aquanatal® exercise classes.

Aquanatal® classes are specifically tailored to the needs of pregnant women and run by specially trained Aquanatal® instructors, who are midwives, physiotherapists or other health professionals. Aquanatal® is generally suitable for healthy women from 14 weeks of pregnancy. Website: www.aquanatal.com.au

To the healthcare provider: Please confirm your client can safely participate in a regular Aquanatal® exercise program.

Client

Name: _____

Client's Birthdate: _____ Baby's due date: _____

Does your client have any of the following?

1) History of miscarriage or premature labour	No	Yes	8) Multiple pregnancy (twins/triplets)	No	Yes
2) Ruptured membranes or premature labour in current pregnancy	No	Yes	9) Severe Anemia	No	Yes
3) Cervical incompetence	No	Yes	10) Fetal growth restriction	No	Yes
4) Placenta previa	No	Yes	11) Poorly controlled diabetes or thyroid disease	No	Yes
5) Persistent bleeding	No	Yes	12) Other relevant medical condition(s) Please specify: _____	No	Yes
6) Any cardiovascular or respiratory disease, chronic hypertension or asthma	No	Yes	_____		
7) Hypertensive disorder of pregnancy / pre-eclampsia	No	Yes	_____		

Physical Activity Recommendation

I hereby approve Aquanatal® exercise programs for my client _____

[insert client name]

Additional comments: _____

Name of healthcare provider: _____

Address: _____

Telephone: _____

Signed: _____ Date: _____