



Ongwanada

Therapeutic Pool Health Questionnaire

In the interests of your safety, please answer the following questions as honestly as you can:

Please check appropriate box.

- | | | |
|--|---------------------------|--------------------------|
| 1. Do you have a heart condition? | <input type="radio"/> YES | <input type="radio"/> NO |
| 2. Do you have difficulty breathing? | <input type="radio"/> YES | <input type="radio"/> NO |
| 3. Do you experience seizures or loss of consciousness and are you planning to participate without a personal attendant/companion? | <input type="radio"/> YES | <input type="radio"/> NO |
| 4. Has your doctor ever told you that you should only do physical activity recommended by your doctor? | <input type="radio"/> YES | <input type="radio"/> NO |
| 5. Do you have multiple sclerosis (MS)? | <input type="radio"/> YES | <input type="radio"/> NO |
| 6. Is your blood pressure abnormal? | <input type="radio"/> YES | <input type="radio"/> NO |
| 7. Do you experience chest pain at anytime? | <input type="radio"/> YES | <input type="radio"/> NO |
| 8. Are you pregnant? (Pregnant persons will NOT be allowed to participate due to pool temperature) | <input type="radio"/> YES | <input type="radio"/> NO |
| 9. Do you have active cancer or pain of unknown origin, or have you recently undergone treatment for cancer? | <input type="radio"/> YES | <input type="radio"/> NO |
| 10. Are you being treated for tuberculosis or any other infectious disease? | <input type="radio"/> YES | <input type="radio"/> NO |
| 11. Do you have a bleeding disorder or peripheral vascular disease? | <input type="radio"/> YES | <input type="radio"/> NO |
| 12. Do you know of any other reason why you should not be physically active or use the therapeutic pool? | <input type="radio"/> YES | <input type="radio"/> NO |

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Participant's Name (print) _____

Signature _____ Date _____

If you have answered YES to any of the above questions, your doctor must sign this form before you will be able to use the therapeutic pool. The attached list of medical contraindications and precautions is provided for you to discuss with your doctor. Written consent from your doctor will need to be updated annually or when there are significant changes to your health.

If you have answered NO to all of the above questions, you **do not** need to have your doctor sign below. However, you should read carefully over the following list of precautions and contraindications and discuss any concerns with your physician.

Participant's Clearance

CONTRAINDICATIONS AND PRECAUTIONS FOR USING THE THERAPEUTIC POOL

The Ongwanada Therapeutic Pool is operated at a water temperature of 36 degrees Celsius and an air temperature of approximately 30 degrees Celsius. The maximum pool depth is 4'2". Please be advised of the following contraindications and precautions for using the pool due to the high temperature, high humidity and pool depth.

1. Contraindications

If you have any of the following medical conditions, you should **NOT** use the therapeutic pool.

- | | |
|--|---|
| Cardiac Failure | Severe peripheral vascular disease or severe bleeding disorder |
| Respiratory Failure | Morbid hydrophobia (extreme fear of water) |
| Excessively low, high or uncontrolled blood pressure | Membrane rupture with pregnancy |
| Active treatment for tuberculosis or other infectious diseases | Seizure disorder (if participating <u>without</u> a personal attendant) |



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2. Precautions-Situation A

If you have any of the following conditions, you may be able to use the hydrotherapy pool, but you must provide a written physician's note to Ongwanada.

Pregnancy
Multiple Sclerosis
Breathing problems

Heart conditions or problems with blood pressure
Active cancer or recent cancer treatment

3. Precautions - Situation B

If you have any of the following conditions, you may be able to use the therapeutic pool, but you should discuss this with your physician or health care provider and follow their advice.

Severe physical disability (personal attendant required in order to ensure safety in the water*)
Seizure disorder (must be accompanied by a personal attendant*)
Dysphagia/aspiration (personal attendant may be required*)
Gastrostomy tube
Ostomy

Perforated eardrum (ear plugs may be required)
Incontinence (specialized swim wear may be required)
Anemia
Reduced thermoregulation or increased heat production (body is less able to cool itself, may be due to certain medications)
Altered sense of environment (may be due to certain medications)
Diabetes mellitus
Hypersensitivity to pool chemicals
Impaired thermal sensation (may be due to certain medications)

* Personal attendant must be provided by the participant. Ongwanada pool staff are not able to assist community participants.

PLEASE NOTE: On the day of your swim, if you have any of the following conditions, you will not be permitted to use the therapeutic pool:

Open wounds
Infections (urinary, skin, eye, ear)
Fever
Vomiting, diarrhea

Skin conditions (including rash, Tinea, scabies, lice)
Menstruation without internal protection
Acute inflammation

Physician's Clearance (Only required if the participant answered YES to any question 1-12 from page 1)

Please check appropriate box:

- The above participant may use the therapeutic pool.
- The above participant may NOT use the therapeutic pool.

Physician's Name

Physician's Signature: _____

Date: _____

PLEASE DISCUSS ANY CONCERNS OR QUESTIONS WITH YOUR FAMILY PHYSICIAN

Physicians or participants can contact the Therapeutic Pool Supervisor for more information
(613)548-4417 Ext. 1138 or Ext. 1116