



**ARTHRITIS AQUATIC PROGRAM  
PHYSICIAN CONSENT FORM (Form 3)**

<b>Participant's Name:</b>	<b>Type of Arthritic Condition:</b>
<b>Significant Past Medical History:</b>	<b>Previous or Recent Surgery:</b>

The program includes 45 minutes of gentle exercises in water to help improve muscle strength, pain, and stiffness. This class is suitable for people who are independently mobile. Participants must be able to negotiate stairs with railing and dress independently. **Pool temperature is between 93 and 96° F**

- In my opinion, this participant is SAFE to participate in the St. John's Rehab Hospital's Arthritic Aquatic Program.**
- In my opinion, this participant is NOT SAFE to participate in the St. John's Rehab Hospital's Arthritic Aquatic Program.**

**CONTRAINDICATIONS:**

**PRECAUTIONS:**

**ADDITIONAL COMMENTS:**

<b>Physician's Name:</b>	<b>Physician's Signature::</b>
<b>Phone:</b>	<b>Date:</b>

**For more information** or questions please contact us at **416-226-6780 x 7299**