

Sydney Aquanatal™

Medical Clearance Form (post-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 an **Aquanatal** exercise session.

Aquanatal exercise is a form of aquafit or aqua aerobics that is specifically tailored to the needs of pregnant women and women recovering post-partum. **Aquanatal** is generally suitable for healthy women post-natally following a satisfactory 6-8 week post-natal check. A collection of research-based information on **Aquanatal** exercise and exercise in pregnancy is available on the Sydney **Aquanatal** website at <http://sydney.aquanatal.com.au>. Your Sydney **Aquanatal** Instructor is an accredited aqua-fitness instructor as well as an experienced midwife and child and family health nurse.

To the healthcare provider: Please complete the medical section on this form and then indicate whether your client is or is not able to participate safely in regular **Aquanatal** exercise.

Client

Name: _____
Client's Birthdate: _____

Pregnancy & Post-natal Recovery

Any complications during pregnancy: _____
Date of Delivery: _____ Gestation: _____ wks Type of Delivery: _____
Any complications during labour/delivery: _____
6-8 week post-natal check satisfactory: Yes No ⇒ _____
Diastasis of rectus abdominus muscles less than 3 cm: Yes No
If episiotomy or tear, is the perineum well healed: Yes No
If birth by Caesarean section, is suture line well healed: Yes No
Has vaginal bleeding stopped: Yes No
Any problems since the delivery: No Yes ⇒ _____

Physical Activity Recommendation

I hereby: Contraindicate,
 Approve **Aquanatal** exercise programs for my client _____ [insert client name]
Additional comments: _____
Name of healthcare provider: _____
Address: _____
Telephone: _____
Signed: _____ Date: _____