

**To be completed by the Applicant’s Doctor and returned by applicant to the club secretary.**

Dear Doctor..................................................................................................................

In order to assist the club, it would be appreciated if you would indicate whether your patient, named below, is in your opinion fit to participate in swimming and water-based exercise with Aquability Swimming Club.

Our sessions are held at Stokewood Road Leisure Centre. The pool water temperature is maintained at approximately 84 degrees Fahrenheit.

Full supervision is given at each session with helpers in attendance.

Please note that under circumstances can the club accept patients with any form of incontinence.

Please complete the patient’s details on the portion below.

THANK YOU

APPLICANT’S NAME....................................................................................................

ADDRESS.....................................................................................................................

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**I HEREBY CERTIFY THAT…** Mr/Mrs/Miss/Master.....................................................................................................

is suffering from............................................................................................................

......................................................................................................................................

and is able/unable to attend sessions with Aquability at Stokewood Road Leisure Centre.

DATE: ............................................... SIGNED: ..................................................

**Applicant’s Doctor**

**DOCTOR’S STAMP** and Telephone number