



AIDA MEDICAL STATEMENT FOR YOUTH

IMPORTANT - PLEASE READ

In-water activities may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. AIDA therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in aquatic activity may endanger a child's health, safety and the safety of the Instructor.

The purpose of this Medical Questionnaire is to find out if the child should be examined by a doctor before participating in AIDA Youth training. A positive response to a question does not necessarily disqualify the child from in-water activities. A positive response means that there is a pre-existing condition that may affect child's safety while participating in an AIDA Youth course or post-course activities and you **MUST** seek the advice of a physician prior to engaging in aquatic activities. The physician needs to sign at the bottom of the Form to say that he/she finds no medical conditions incompatible with in-water activities if any "YES" box is ticked.

Please answer the following questions on your past or present medical history by ticking the box marked **YES** or **NO**.

NAME OF PARTICIPANT _____

NAME OF PARENT / GUARDIAN _____

		YES	NO
1	Cardiovascular Conditions: anemia, aortal stenosis, cardiomyopathy, arterial hypertension, atrioventricular block, congenital heart disease, dysrhythmia, myocarditis, pericarditis, moderate or severe: mitral or aortal regurgitation, mitral or aortal stenosis, valvular disease, ventricular dysfunction; severe vasculitis or other vascular disease. If yes, please specify		
2	Respiratory Conditions: severe asthma or chronic obstructive pulmonary disease If yes, please specify		
3	Neurological Conditions: uncontrolled seizure disorder, significant mental or physical developmental delay preventing guided sport training If yes, please specify		
4	Ear, nose, larynx Conditions: labyrinthitis; laryngitis, neurosensory hearing loss, otitis external or otitis media, perforated eardrum, rhinitis, sinusitis, tonsillitis If yes, please specify		
5	Anatomic abnormalities: If yes, please specify		
6	Allergy, Immune Conditions: history of severe anaphylaxis reaction, Juvenile rheumatoid arthritis with history of cervical spine involvement If yes, please specify		
7	Eye Diseases: myopia, hypermetropia If yes, please specify		
8	Medication: any medication taken on a regular basis either over-the-counter or prescribed by a physician If yes, please specify		
9	General Medical Problems: Any physical and/or emotional condition not mentioned that might effect child's safety in an underwater environment If yes, please specify		



I certify that I have answered the above questions accurately and honestly.
I am responsible for omission regarding my failure to disclose any current or past health condition.

Name of Participant:

Date of Birth:

Name of Parent / Guardian:

Signed by Parent/Guardian:

Date:

Physician to complete (If any "YES" box from page 1 was ticked)

I find no medical conditions that I consider incompatible with in-water activities.

I am unable to recommend this individual for in-water activities.

Name of Participant:

Physician's Name:

Physician's Signature:

Date:

Physician's phone number:

Physician's Stamp or Postal Address:

My signature on the above verifies that I have completely reviewed this applicant's Medical Statement and find no counter-indications in-water activities.