



Mineral Point Aquatic Center
1050 Branger Drive Mineral Point, WI 53565
PH. 608-987-2574 Fax. 608-987-2596

Aquatic Walking Program

Please PRINT the requested information below in its entirety and return form to Upland Hills Health Aquatic Center.

PART 1: PARTICIPANT COMPLETE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____ TELEPHONE: _____

(EMERGENCY CONTACT) NAME: _____ TELEPHONE: _____

ADDRESS: _____

PRIMARY HEALTH CARE PROVIDER and CLINIC: _____

PART 2: PROVIDER COMPLETE *Please indicate below for which of the following your patient is cleared to participate*

ALL AQUATIC THERAPY WALKERS MUST HAVE A DIAGNOSIS WITH MEDICAL CLEARANCE

Muscular Strength and Endurance

YES with no limitations YES with limitations below

Limitations/recommendations: _____

Cardiorespiratory Fitness

YES with no limitations YES with limitations below

Limitations/recommendations: _____

Please list any other limitations: _____

Medical Diagnosis to justify aquatic walking program: _____

ICD-10 _____

I agree that this patient is CONTINENT of bowel/bladder and able to participate in Aquatic Services at Upland Hills Health

Provider's Printed Name: _____

Signature of Provider: _____ DATE: _____

Clinic Address: _____

Clinic Telephone: _____