

MEDICAL CLEARANCE

(To be completed by Medical Practitioner)

Patient:

D.O.B:

THE ABOVE PERSON IS MEDICALLY FIT TO UNDERTAKE A PILATES EXERCISE CLASS FOR PREGNANCY.

Relevant medical history (past and current) – please provide details:

- | | |
|--|--|
| <input type="checkbox"/> Marked fatigue | <input type="checkbox"/> Multiple births/pregnancy |
| <input type="checkbox"/> Dizziness/faintness | <input type="checkbox"/> Premature labour/birth |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Breech presentation |
| <input type="checkbox"/> Migraine/headache | <input type="checkbox"/> Cervical stitch |
| <input type="checkbox"/> Heart burn/gastric reflux | <input type="checkbox"/> Vaginal bleeding/spotting |
| <input type="checkbox"/> Knee pain | <input type="checkbox"/> Baby smaller than expected |
| <input type="checkbox"/> Pelvic joint pain | <input type="checkbox"/> Swelling, pain or redness in calf |
| <input type="checkbox"/> Portion of placenta over cervix | <input type="checkbox"/> Swelling (hands, ankles, face) |
| <input type="checkbox"/> Incontinence (altered bladder control) | <input type="checkbox"/> Reduced foetal movement |
| <input type="checkbox"/> Preclampsia/pregnancy induced hypertension | |
| <input type="checkbox"/> Circulatory problems (varicose veins – legs, anal or vaginal) | |

Please advise patient to inform their physiotherapist/instructor if any changes to their pregnancy occur.

Signed: _____

Date: _____

Name of Medical Officer: _____

FAX TO: (03) 9211 0634