

**To be completed by the Applicant's Doctor and returned by the applicant to the Club.**

Dear Doctor.....

In order to assist Aquability, 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 no circumstances can the club accept patients with any form of incontinence.

Please complete the patient's details on below and return it to US at a swimming session or post to Aquability, 7 Swanmore Road, Bournemouth BH7 6PA.

THANK YOU

APPLICANT'S NAME.....

ADDRESS.....

**I HEREBY CERTIFY THAT**

Mr/Mrs/Miss.....

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