

GP / Medical Practitioner Clearance Form – Private Swimming Lessons

To the registered medical practitioner: the named patient (the “swimmer”) wishes to undertake **private swimming lessons** with NeoSwim Ltd, a UK swimming-tuition provider operating to the standards of the Swimming Teachers’ Association (STA), Swim England (formerly ASA) and the Institute of Swimming (IOS). In our pre-lesson medical screening they have answered **YES** to one or more health questions, and we accordingly require written confirmation that they are fit to participate.

A. SWIMMER (PATIENT) DETAILS – to be completed by the swimmer / parent or guardian before sending

Swimmer’s full legal name		Date of birth	Age
Home address		Postcode	
NHS number (if known)	Registered GP practice		
If swimmer is under 18 – parent / guardian name		Relationship to swimmer	Contact telephone

B. CONDITIONS DISCLOSED – to be completed by the swimmer / parent or guardian before sending

Question(s) in the NeoSwim medical screening answered YES (e.g. Q1 heart condition, Q4 asthma):	Date(s) of diagnosis
Brief description of the condition(s) / relevant history (continue overleaf if needed)	
Current regular medication(s) and dosage	Recent hospital admissions / surgery (last 12 months)

C. PRACTITIONER CONFIRMATION – to be completed by the GP / registered medical practitioner

- ☐ I confirm the above-named swimmer is medically fit to undertake private swimming lessons, without restriction.
- ☐ I confirm the swimmer may undertake lessons, subject to the following limitations / adjustments the instructor should be aware of:
- _____
- _____
- ☐ I do not consider the swimmer fit to undertake private swimming lessons at this time.
- Recommended period of validity: ☐ 6 months ☐ 12 months ☐ Other: _____ Re-assessment advised before this date:
- _____

D. PRACTITIONER DETAILS & SIGNATURE

GP / Practitioner name	GMC reg. number	Date
Practice address & telephone	Signature & practice stamp	

Patient consent to disclosure: I, the swimmer (or, where the swimmer is under 18, their parent/legal guardian), consent to the disclosure of the information above to the named medical practitioner, and to the return of this completed form to NeoSwim Ltd.

Signed (swimmer / parent / guardian)	Print name & capacity	Date
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Please return the completed form to NeoSwim Ltd by email at contact@neo-swim.co.uk or by post to the registered office. This form is valid for the period stated by the practitioner in Section C, after which a fresh clearance will be required.