

SWIMMING SPECIFIC PROGRAM INFORMATION

1. What swimming experience do you have?

2. Have you ever experienced seizures?

a. If yes, how frequent?

b. When was your last seizure?

3. Do you have any allergies we should be aware of? (ex. Chlorine, other pool chemicals)
(NON-DISABLED QUESTION)

4. Are you taking medication with significant side effects?

Comments:

PARTICIPANT'S NAME