



**Aquatic Program Health Screening Checklist (Child Participant)**

Purpose: To ensure safe participation in swimming or aquatic activities. If “Yes” to any, consult the child’s healthcare provider before participation.\*

\* Please note that this list is not exhaustive and is only intended to provide examples. Each student’s form should be reviewed with regard to their individual situation.

**Section 1: Recent Illness or Infection**

Condition	Yes / No	Notes / Clearance Needed
Fever, vomiting, or diarrhea in past 2 weeks		
Active diarrhea or Cryptosporidium infection		
Open wounds, weeping sores, or unhealed surgical sites		
Skin infection (impetigo, ringworm, scabies)		
Conjunctivitis (“pink eye”)		
Ear infection or drainage from ear		

**Section 2: Respiratory or Cardiac Conditions**

Condition	Yes / No	Notes / Clearance Needed
Asthma that limits activity or is not well controlled		
Cystic fibrosis with breathing difficulty		
Congenital or acquired heart disease		
Shortness of breath, chest pain, or fainting with exertion		

**Section 3: Neurological or Developmental Conditions**

Condition	Yes / No	Notes / Clearance Needed
Seizure disorder (especially if not well controlled)		
Developmental or neuromuscular condition affecting water safety		
History of fainting, loss of consciousness, or poor coordination		

#### Section 4: Medical Devices or Special Health Needs

Condition	Yes / No	Notes / Clearance Needed
Recent surgery (within past 6 weeks)		
Central venous catheter (e.g., Broviac, Hickman)		
Gastrostomy tube (G-tube)		
Tracheostomy		
Orthopedic cast, brace, or external fixation device		

#### Section 5: Skin, Allergic, or Immune Conditions

Condition	Yes / No	Notes / Clearance Needed
Severe eczema or skin condition aggravated by pool chemicals		
Known allergy to pool chemicals (chlorine, bromine)		
Immune suppression (chemotherapy, transplant, advanced HIV, etc.)		

#### Section 6: Behavioral and Safety Considerations

Condition	Yes / No	Notes / Clearance Needed
Difficulty following safety rules or instructions		
Severe behavioral challenges or impulsivity		
Extreme fear or panic in/around water		
Not toilet trained or frequent accidents (if swim diapers not used)		

#### If any box is checked "Yes":

The child's healthcare provider should review and provide medical clearance or specific activity recommendations before participation. Program staff should maintain an individual safety plan if special supervision or precautions are needed.

#### References

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