



**CONFIDENTIAL** to be sent directly by Physician to [Info@waterworldswim.com](mailto:Info@waterworldswim.com)

**PHYSICIAN'S APPROVAL FOR SWIMMER SWIMMING IN COLD OPEN WATER LONG PERIODS OF TIME.**

Physician's Comments **(please check or initial one)**

\_\_\_\_\_  
Check here I, Dr. \_\_\_\_\_ find no medical conditions that I consider

incompatible with my patient, Mr/Ms \_\_\_\_\_ swimming in open water below  
60 deg Fahrenheit (15.6 C) for periods not longer than \_\_\_\_ hours.

\_\_\_\_\_  
Physicians signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Check here I am unable to recommend my patient \_\_\_\_\_ participate in open  
water swimming in water temperatures 60 F (15.6 C) or lower for extended periods of time.

Physician Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature or Legal Representative of Medical Practitioner

Physician's name \_\_\_\_\_ LIC# \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Note to the physician: send hard copy to Water World Swim, LLC 145 Town Center – No. 495- Corte Madera, CA 94925 or email attachment to : [info@waterworldswim.com](mailto:info@waterworldswim.com)*