Vancouver CoastalHealth
Promoting wellness. Ensuring care.

Mailing Address
George Pearson Center
Stan Stronge Pool
700 W.57th Ave
Vancouver, B.C. V6P 1S1

Street Address
Stan Stronge Pool
719 W. 59th Ave
Vancouver, B.C.

STAN STRONGE POOL FOR PEOPLE WITH DISABILITY

Stan Stronge Pool provides a safe aquatic environment for individuals with disabilities. The water temperature of the main pool is 34°C and the whirlpool's temperature is between 38°C and 40°C. The facility is completely wheelchair accessible; Lifts are available for transfers, water wheelchairs are provided for using the ramp into the pool and there is a railing encircling the inside of the pool.

APPLICATION FOR POOL USE – Please print

Name: _____
(Last Name), (First Name)

Personal Health Number: _____

Address: _____
(Street) (City)

Postal Code: _____ Phone Number: _____

Date of Birth: _____ Email: _____
(Day) (Month) (Year)

Legal guardian: _____ Phone: _____
(As applicable)

Relationship to you: _____

Emergency Contact: _____
(Name) (Number)

Release of information: I, _____ authorize _____ to complete the following
(name of participant/guardian) (referring professional)

information for the purposes of registration in Stan Stronge Pool swim programs of my choice.

Signed: _____ Date: _____
(participant/guardian)

(over please...)

OFFICE USE Date Received: _____

Comments: _____

The following information must be completed by a Physician, Nurse Practitioner, Physiotherapist, Occupational Therapist, Social Worker, or Recreation Therapist

Patients's Diagnosis/Disability: _____
(reason for needing Stan Stronge Pool)

Other conditions pool staff should be aware of (as applicable):

Epilepsy:	☐Yes	☐No	Shortness of Breath:	☐Yes	☐No
Heart Condition:	☐Yes	☐No	Bladder Consideration:	☐Yes	☐No
High Blood Pressure:	☐Yes	☐No	Bowel Considerations:	☐Yes	☐No
Diabetes:	☐Yes	☐No			

Medications (that may affect pool or hot tub activities):_____

Allergies (specify): _____

Behavioural Issues (specify): _____

Specialized Communication Methods (specify): _____

Mobility
☐Independent ☐Crutches ☐Walker ☐Wheelchair ☐Cane ☐Other_____

Transfers
☐Independent ☐Requires Assistance ☐Mechanical Lift

Range of Motion
☐No impairment ☐Some impairment Specify:_____

Please specify any other medical contraindications or considerations to a swimming program that Stan Stronge Pool staff should be aware of: _____

_____

_____

Referring professional's name (print): _____

Phone: _____

Address: _____

Referring professional's Signature:_____

☐ Physician ☐ Nurse Practitioner ☐ Physiotherapist ☐ Occupational Therapist ☐ Social Worker ☐ Recreation Therapist

Date:_____