



Request for Therapy Use Exemption from Swimming Pool and Spa Rules

Return to: Iowa Department of Public Health
Swimming Pool Program
321 East 12th Street
Des Moines, IA 50319
Fax: (515) 281-4529

This form shall be completed by an authorized facility representative, agency, or owner.

Owner Name:			
Owner Address:			
City:	State:	Zip:	
Facility Name:			
Facility Address:			
City:	State: IA	Zip:	County:
Authorized Representative (please print):			
Contact Phone:		Contact Email:	
<input type="checkbox"/> Pool or <input type="checkbox"/> Spa	Surface Area (ft ²):	Volume (gls):	
Registration Number (if previously registered):			
<input type="checkbox"/> Pool or <input type="checkbox"/> Spa	Surface Area (ft ²):	Volume (gls):	
Registration Number (if previously registered):			

Swimming pools or spas used exclusively for therapy under the direct supervision of qualified medical personnel are exempt from regulation pursuant to Iowa Code §135I.2 and Iowa Administrative Code 641--15.1(2).

Therefore I certify that:

- The swimming pool and/or spa identified above will be used exclusively for therapy and is under the direct supervision of qualified medical personnel when in use.
- Under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and accurate.

It is understood that if at any time it is determined that the above conditions for exemption no longer apply or are being violated the swimming pool and/or spa will again be subject to regulation under Iowa Code §135I and Iowa Administrative Code 641, Chapter 15.

Signature of Authorized Representative: _____

Date: _____