MEDICAL CLEARANCE FORM

I am filling out these forms:

- For Myself as a Participant
- As a Caregiver on behalf of a Participant

Participant First Name: _____ Participant Last Name: _____

Caregiver First Name: _____ Caregiver Last Name: _____

Participant Address: _____

City: _____ Zip :_____

Caregiver Address (if different than above): _____

City: _____ Zip: _____

Medical Clearance Request

Dear Physician:

Please provide the following information to assist my fitness trainer in implementing my **physical exercise program**. Please verify this record with your signature along with your official stamp. Thank you.

Signature of Legal Guardian or Program Participant (18 years old or older) _____

Name of Program Participant under 18 (if applicable) _____

_____ The participant may fully take part in a physical fitness program including aerobic, muscular strength, and flexibility training without restriction.

_____ The participant may take part in a physical fitness program as described above with the following recommended restrictions (please briefly note below any special concerns or precautions you advise).

_____ The participant may not take part in a physical fitness program as described above.

If the participant uses any medication which may reduce exercise tolerance or alter heart rate or blood pressure response during exercise, please note:

If this patient's training heart rate should differ from that normally recommended for adults of the same age, please indicate the correct range (or, when applicable, note if THR values should be obtained from the patient's rehab center team):

Physician Signature: _____ Date: _____

*Such a program may include or gradually build up to: training sessions lasting approximately 1 hour on 3-5 days per week; progressive resistance exercise using no weights or light hand weights and, in some cases, gradually building up to moderate intensity training with variable resistance exercise machines; moderate low impact aerobic training such as walking, stationary cycling, aqua class, or low-impact dance class at age adjusted training intensities predicted to produce cardiovascular benefits. (All programming to be administered only as is apparently well tolerated).