

JUSTICE OCCUPATIONAL HEALTH ORGANIZATION (JOHO)
Medical Clearance Recommendation

The Justice Occupational Health Organization (JOHO) and Liebenow & Torok, Inc. adhere to the guidelines set by the American College of Sports Medicine (ACSM) for acceptance into an exercise program.

On your health history form, you have indicated one or more of the following:

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| <input type="checkbox"/> Previous Heart Surgery, Stroke, Heart Attack | <input type="checkbox"/> Hypertension (>140/90mmHg) |
| <input type="checkbox"/> Known Cardiovascular, Pulmonary, Metabolic Disease _____ | <input type="checkbox"/> Pain in the left chest, neck or arm |
| <input type="checkbox"/> Known heart murmur/irregular heart beat | <input type="checkbox"/> Leg pain upon exertion |
| <input type="checkbox"/> Insulin-dependent diabetes | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Pregnant/Within 6 weeks Postpartum | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Has a chronic or acute orthopedic condition | <input type="checkbox"/> Emphysema/Asthma/Other |
| <input type="checkbox"/> Bursitis/Arthritis/Other _____ | <input type="checkbox"/> Medical Condition _____ |

- OR -

Currently taking medication(s) for any of the above conditions

or you have checked two or more of the following:

- Male over the age of 45 (or) Female over the age of 55
- Family history of heart disease
- Total serum cholesterol >200 mg/dl and/or has been diagnosed with high cholesterol
- Currently cigarette smoking or quit smoking within the last 6 months
- Inactive/sedentary lifestyle (less than 30mins a day and less than 3 days a week)
- Considers self 20 lbs or more overweight

Consistent with the ACSM guidelines, factors identified above indicate you are at risk for injury or exacerbation of those conditions resulting from physical exertion entailed in an exercise program. Due to factors identified above, we recommend that you obtain a physician's clearance before starting your exercise program.

Although JOHO does not require that you obtain a signed physicians clearance, for your health and safety we recommend that you consult your physician before starting an exercise program and obtain a physician's clearance. By signing this form you are acknowledging that you have been advised as to the risks involved in an exercise program and that JOHO has strongly recommended that you consult your physician prior to beginning an exercise program.

Signature

Date

Please print name clearly

Staff Signature