



CROSSFIT 360VIDA MEDICAL CLEARANCE FORM

Dear Doctor:

Your patient _____ wishes to take part in a CrossFit training program and/or baseline fitness assessments.

The program may include: weight training (including but not limited to Olympic lifting and powerlifting), basic gymnastics skills (including but not limited to ring work and handstands amongst other movements), bodyweight training (including but not limited to push-ups, pull-ups, sit-ups), rowing, running and flexibility exercises, increasing in intensity over time. The baseline fitness assessments may include a combination of the above skills scaled to the appropriate level for the athlete.

Your patient has completed a pre-activity readiness questionnaire which has identified the following current risk/s for participation in physical activity as detailed above: _____

_____.

Please identify below your recommendations or restrictions for your patient's participation in training.

Patient's Consent and Authorization

I consent to and authorize: _____ (Name of medical professional) to release to: _____ (Name of coach, CrossFit 360Vida), health information concerning my ability to participate in the CrossFit training program. Further disclosure or release of my health information is prohibited without my specific written consent.

Member's signature:	Date:
Coach's signature:	

Physician's Recommendations

Please select one option:

	I am not aware of any contraindications toward full participation in the above baseline fitness assessments and training program.
	I believe the applicant can participate, but suggest urging caution with certain activities (detailed below) for the following reasons:
	I believe the applicant can participate, but should not engage at all in the following activities:
	I recommend the applicant not participate at all in the above baseline fitness assessments and training program.

Physician's signature:	Date:
Physician's name (print):	
Address:	Phone:
Email:	Fax: