



Medical Clearance Form

DATE: _____

Dear Dr. _____,

Your patient is interested in taking part in an exercise program offered at our facility. A Certified Posture Specialist will conduct a health and fitness assessment that involves sub-maximal measurements of cardio-respiratory fitness, body composition, goniometry measurements, muscular strength/endurance, and posture/body alignment analysis. Upon completion of these assessments, your patient will participate in an exercise program that involves the use of fitness equipment such as treadmills, upright and recumbent stationary bicycles, rowing machines, elliptical trainers, stair climbers and strength training equipment. All of these activities will be supervised by personnel certified in basic cardiac life support techniques, although, there are some unsupervised activities available to our members.

The participant has completed a readiness questionnaire that has highlighted the need for medical clearance. By completing this form, you are not assuming any responsibility for our exercise program. If, however, you know of any reason why the participant should not undertake a basic exercise program, we would be most grateful if you could indicate the reason below.

Thank you for your cooperation in this matter.

Patient: _____ D.O.B. _____

I know of no reason why the applicant may not participate

I believe the applicant can participate, but I urge caution because:

 The applicant should NOT engage in the following activities:

 The applicant should NOT participate in these unsupervised activities:

 The applicant should NOT participate in this program.

Physician's
signature _____

Address: _____

Telephone: _____