Lifestyle Medicine & Fitness Center

UW Medicine | VALLEY MEDICAL CENTER

POWERED BY PINNACLE MEDICAL WELLNESS

Physician's Statement & Medical Clearance Form

At Valley Lifestyle Medicine & Fitness Center, your health & safety is our primary concern. For that reason, we comply with preparticipation standards of the American College of Sports Medicine [ACSM].

On the Physical Activity Readiness Questionnaire [PAR-Q], you identified that you have one or more medical risk factors which may impair your ability to exercise safely. We are asking that your physician completes this medical clearance form prior to participating in fitness activities at Valley Fitness Center.

We recognize that you are eager to start and want to avoid any barriers to beginning your fitness program. In order to ensure your safety, we will fax this form directly to your physician; we should receive this within 2 business days.

Name	Date of Birth	Today's Date

Physician's Name	Phone Number	Fax Number

I give my physician permission to release any pertinent medical information from any medical records to the staff at Valley Lifestyle Medicine & Fitness Center. All information will be kept confidential.

Signed	Date

For Medical Staff Use Only

Please check one of the following statements:

- ☐ I concur with my patient's fitness participation with no restrictions
- ☐ I concur with my patient's participation in a fitness program with the following restrictions:
  - _____
  - _____
  - _____
- ☐ I do not concur with my patient's participation in an exercise program
  - *If checked, the individual will not be allowed to join Valley Fitness Center*
  - Reason: _____

Physician Name	Signed	Date

Please return to Valley Lifestyle Medicine & Fitness Center

Fax 425-656-4265 **Phone 425-656-4006**