



MEDICAL CLEARANCE FORM FOR PARTICIPATION IN PHYSICAL EXERCISE PROGRAM

PLEASE PRINT:

Patient: _____ Date: _____

Address: _____

Telephone:(____) _____ Birth Date: _____ Sex: _____

1. Physical Examination:

A. Height _____ Inches Weight _____ Lbs.

B. Blood Pressure (sitting) _____ RA _____ LA

C. Resting Heart Rate _____ BPM

D. Recommended Maximum Heart Rate _____ BPM

2. Pertinent Medical Information --- please specify current medications and dosage:

My patient has received medical clearance to participate in the Mesa Community College Fitness Center Exercise Program.

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

*Please direct any questions to:

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