



## MEDICAL CLEARANCE FORM

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

I am writing to you in regard to your patient \_\_\_\_\_, who has indicated that you are his/her primary physician. She/he would like to begin a moderate to vigorous intensity exercise program consisting of resistance training, cardio respiratory endurance training and flexibility/mobility training under the supervision of a Certified Strength & Conditioning Coach (BSc degree level) and Gym & Studio Instructor in a group setting (4 – 12 people) and/or on a 1-1 basis.

Please provide your recommendation regarding his/her exercise participation and any restrictions and/or limitations you suggest for his/her program. Should you have any questions or concerns, please contact me at the number below.

Thank you.

### ***Physician recommendations (Please tick the appropriate recommendation)***

- Patient may participate in unrestricted activity
- Patient may participate in light to moderate activities only
- Patient should not participate in activity at this time
- other - please specify:

\_\_\_\_\_

Physician (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Personal Trainer: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_