

MEDICAL CLEARANCE FORM

REQUIRED FOR PARTICIPATION IN FITNESS PROGRAM

Participants Name:

Date of Examination:

Name of Doctor:

Surgery Address:

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Telephone:

MEDICAL EXAMINATION

History (Relevant Comments)

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Present Medication:

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Blood Pressure:

I have examined the above mentioned person and approve his / her participation in a fitness program which includes a submaximal exercise test on a bicycle ergometer.

Any exercise limitations are as follows:

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.....
Signature of Doctor

.....
Date

Please give this form to the participant for presentation to the Fitness Consultant prior to assessment.

KINGBOROUGH SPORTS CENTRE

Kingston View Drive via Summerleas Rd, KINGSTON TAS 7050
Phone (03) 6211 8262; Email fitnesscentre@kingborough.tas.gov.au

Dear:

RE: Participation in health and fitness activities

Your patient has expressed an interest in participating in a health and fitness activities conducted by this Centre.

We encourage participants to undergo a routine medical examination by their personal physician prior to commencement.

Our procedures **may** include assessment of:

- Aerobic capacity
- Trunk flexibility
- Waist/hip ratio
- Body mass index
- Followed by individual program design relating to appropriate exercise selection, frequency, duration and intensity.

A form is on the back of this letter for use in providing us with a health status of your patient, any limitation you consider necessary and a place for your signature.

Thank you for your Co-operation.

FITNESS CONSULTANT