



Monash Aquatic and Recreation Centre  
Glen Waverley  
Phone: 03 9265 4888  
Fax: 03 9562 1322

## MEDICAL CLEARANCE FORM

Your patient \_\_\_\_\_ has applied to participate in a progressive exercise program with Active Monash which requires your medical clearance prior to participation. Clearance indicates that this patient has no contradictions for participation in a gentle group training session.

My patient, \_\_\_\_\_ is physically able to participate in a gentle exercise program

Please list any restrictions or concerns (including medications).

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### Doctors Details

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Kind Regards

**Carol Syer**  
Dry Program Coordinator  
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