



## Medical Clearance Form

Dear Doctor:

\_\_\_\_\_ has applied for enrollment in the Core Connection Fitness exercise program to develop and maintain cardio-respiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to the participant based on needs and interests and your recommendations. All exercise programs include warm up, exercise at target heart rate and cool down (except muscular strength and endurance training, in which target heart rate is not a factor). The program may involve cycling, (indoor or out), walking, running, jogging, calisthenics, strength training, rhythmic aerobic exercise, or a choreographed fitness module, or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness, and the rate of progression is regulated by exercise target heart rate or perceived effort of exercise.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness testing and or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and or exercise program by the applicant would be unwise, please indicate so on this form.

If you have any questions about the fitness testing and or exercise programs by the applicant please call us at 607-238-7985

### Report of Physician

\_\_\_\_\_ I know of no reason why the applicant may not participate

\_\_\_\_\_ I believe the applicant can participate, but urge caution because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The applicant should **not** engage in the following activities

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I recommend that the applicant **not** participate.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_