

PREGNANCY MEDICAL CLEARANCE FORM

Dear Doctor:

NAME: _____ wants to participate in Dance/Fitness Exercise programs offered through the Community Recreation Department. The fitness programs are designed to develop and maintain cardiorespiratory 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 our recommendations.

All exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, participation in rhythmic aerobic exercise or choreographed fitness/dance classes. All programs are designed to place a gradually increasing work load on the body in order to improve overall fitness and muscular strength. The rate of progression is regulated by exercise target heart rate and/or perceived effort of exercise.

If you have any questions about the Community Recreation Department's Dance/Fitness exercise programs, please call the Fitness Supervisor at 459-3776. We ask your assistance in helping us provide a safe and effective exercise program for the participant. Please complete the form below.

REPORT OF PHYSICIAN

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because

_____ The applicant should not engage in the following activities:

_____ I recommend that the applicant NOT participate.

Physician Signature _____ Date _____

Address _____ Phone _____

City & State _____ Zip _____