

**MEDICAL CLEARANCE FORM**

**REQUIRED FOR PARTICIPATION IN FITNESS PROGRAM**

**Participants Name:** .....

**Date of Examination:** .....

**Name of Doctor:** .....

**Surgery Address:** .....

.....

**Telephone:** .....

**MEDICAL EXAMINATION**

**History (Relevant Comments)** .....

.....

.....

**Present Medication:** .....

.....

.....

**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: .....

.....

.....

.....  
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 Fax (03) 6211 8210

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