HEALTH FIT
POWERED BY SARASOTA MEMORIAL

Medical Clearance Form

Dear Doctor:

During application for enrollment at the Fitness Center, **your patient** _____ **DOB:** _____ completed a Health History and Activity Profile Form. Based on our criteria and the information supplied, we recommended that your patient obtain your clearance to embark on an exercise program. We made this recommendation based on the **following health risk(s) :**

_____

_____

____

HealthFit Exercise Specialist/Personal Trainer (print)

_____

The patient's exercise program at HealthFit will be administered by qualified personnel trained in conducting exercise programs. If you know of any medical, or other, reason your patient's participation in **"light to moderate**-" or "**moderate to high**"-intensity fitness activities as outlined by the American College of Sports Medicine guidelines would be limited or restricted, please indicate so on this form. By completing the form below you are not assuming any responsibility for administration of the exercise program.

REPORT OF PHYSICIAN (*Please check one*)

□ I know no reason why the applicant may not participate.

□ I believe the applicant can participate, but I urge caution because: (*Please list limitations*)

_____

_____

□ The applicant should not engage in the following activities:

_____

_____

□ I recommend that the participant NOT participate.

Do you have any other information that is relevant to your patient's participation in an exercise program? If so, please let us know:

_____

_____

_____

Print Physician Name _____ Fax# _____
Physician's Signature _____ Date _____
Address _____ Phone _____
City and State _____ Zip Code _____

MEDICAL RECORDS RELEASE AUTHORIZATION

I give permission to release any medical information that may be beneficial for preparing an exercise program to HealthFit.

Patient Signature _____ Date _____

Patient Name _____

Please return Medical Clearance Form to:
HealthFit: Powered by Sarasota Memorial
5880 Rand Blvd. Suite 102
Sarasota, FL 34238
Phone: (941) 917-7000
FAX: (941) 917-2295