

Medical Clearance Request

Your patient _____ has applied to participate in an exercise training program, which would include:

- a fitness assessment to measure muscle strength and endurance, cardiovascular fitness level, posture and flexibility
- an exercise program two to three times per week, with each session lasting approximately one hour

The American College of Sports Medicine recommends that a man over age 45, or a woman over age 55, who has not exercised on a regular basis receive an exercise stress test prior to exercise.

Does your patient require a diagnostic test prior to beginning his/her program?
 ____Yes ____No

My patient _____ is able to participate in an exercise assessment and an exercise program.

The following restrictions or exercise limitations should be followed:

This patient is taking medications that will affect heart rate or other parameters during exercise.
 ____Yes ____No

Type of Medication	Effect
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Physician's Signature: _____ Date: _____