



MEDICAL CLEARANCE FORM

Physician's Approval:

I give medical approval to the person named below to participate in an exercise therapy/fitness program designed by Fitness 500 Club that will include progressive exercises appropriate to his/her medical condition.

I authorize the below named physician to release information necessary to development of my exercise therapy/fitness program to Jeffery Handler BS, CPT,CSCS, or any trainer in the Fitness 500 Club Group.

Name of Patient _____

Signature _____ Date _____

Note to the Physician:

If the above named person is taking any medications which might affect their heart rate response to exercise, please indicate the type of medication, possible side effects and precautions when exercising. Please also inform of any contradictions or precautions to exercise (max. H.R., METS, orthopedic, etc.) Please use back of page if needed.

Physicians Name _____ **Phone** _____

Physicians Signature _____ **Date** _____