



MEDICAL CLEARANCE FORM

At our facility, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine (ACSM) and the International Health, Racquet and Sportsclub Association (IHRSA).

On the PAR-Q form you completed, you identified that you have one or more coronary and/or other medical risk factors, which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this Medical Clearance Form before you can begin exercising.

We recognize how eager you are to start your fitness program, and we sincerely regret any inconvenience this may cause you. However, please keep in mind that we want your exercise experience at our facility to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us. In many cases, this delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at the facility. All information will be kept confidential.

Facility Name 2200 Fitness Center

Patient Signature _____

Date _____

Information Requested for _____
Last Name First Name

Reason for Medical Clearance _____

Physician Name _____
Last Name First Name

Physician Phone _____ Physician Fax _____

Physician Address _____

↓ FOR PHYSICIAN'S USE ONLY ↓

Please check one of the following statements:

- ☐ I concur with my patient's participation in an exercise program with **no restrictions**.
- ☐ I **do not concur** with my patient's participation in an exercise program (if checked the individual will not be permitted to exercise at the facility listed above.)
- ☐ I **concur** with my patient's participation in an exercise program if he/she **restricts activities to:** _____

Reason: _____

Physician's Name (type or print) _____

Physician's Signature _____ Date _____

PLEASE FAX THIS FORM TO: 2200 Fitness Center (202) 719-6980
IF YOU HAVE ANY QUESTIONS, CALL: Lauren Todd, Fitness Director (202) 719-6976