



MEDICAL CLEARANCE FORM

To be used when a disclosed medical condition or other health information indicates to the nutrition coach that a participant should seek a physician's approval to participate in a nutrition coaching program.

Dear Physician,

Your patient is going to be participating in a City of Boulder Parks and Recreation nutrition coaching program that includes recommendations for healthy eating behaviors. We want to ensure the safety of your patient and ask that you clear him/her for participation by completing this form and indicating any medical conditions or limitations that you may want to communicate to our nationally certified coaching staff.

Participant Name: _____ Date of Birth: _____

Address: _____

I hereby certify that I have examined _____ and that he/she was found to be medically fit to engage in a Parks and Recreation nutrition coaching program as stated below with the following restrictions.

If you know of any medical or other reasons why participation in a nutrition coaching program by the applicant would be unwise, please indicate so on this form.

Report of Physician

☐ I know of no reason why the applicant may not participate in the nutrition coaching program.

☐ I believe the applicant may participate, but I recommend the following guidelines and precautions be observed.

☐ The applicant should NOT engage in the following specific activities.

☐ I recommend that the applicant NOT participate at this time.

Physician Signature: _____ Date: _____

Clinic: _____ Phone Number: _____