



MEDICAL CLEARANCE FORM

To be used when the completed physical activity readiness and pre-participation questionnaires recommended by the American Heart Association and the American College of Sports Medicine indicate that a participant should seek a physician's approval to participate in an exercise program.

Dear Physician,

Your patient is going to be participating in a City of Boulder Parks and Recreation weight training class, fitness class, or personal training session that includes moderate to vigorous exercise. We want to ensure the safety of your patient and ask that you clear him/her for exercise by completing this form and indicating any exercise limitations that you may want to communicate to our nationally certified training staff.

Participant Name: _____ Date of Birth: _____

Address: _____

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

If you know of any medical or other reasons why participation in a physical activity/exercise 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 physical activity and/or exercise 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: _____