



1609 N. Coalter Street
Staunton, VA 24401
540-294-0221

MEDICAL CLEARANCE FORM

All individuals participating in an exercise program are required to obtain a physical examination by a physician prior to participation in any program which includes exercises for cardiovascular endurance (i.e. treadmill), flexibility (i.e. stretching), and strength (i.e. pushups, sit ups, weight training)

If you refuse to obtain the physicians permission you must sign the following statement:

I have been informed of the need for a physician's approval for participation in personal fitness training sessions.

I fully understand that strenuous exercise is involved.

I am willing to accept complete responsibility for my health and well being in the voluntary exercise program and related fitness testing. I acknowledge that Jolene M. Swann, shall not be liable for any claim, demand, cause of action of any kind, resulting from or related to clients use of facilities or participation in any exercise activity within or without the premises and client agrees to hold Jolene M. Swann harmless from shame.

I hereby affirm that I have read and fully understand the above.

Signature

date

PHYSICIAN'S CONSENT

I give medical approval to _____ to participate in an exercise program which will include progressive exercises for conditioning the body. I certify that the person whose name appears above is free from any medical conditions that prohibit the person from participating in such exercise program, and there appears to be no reason why a progressive exercise program should not be undertaken with the recommendations I have indicated.

Also, if the person above is taking any form of medication which might affect his/her response to exercise (i.e. heart rate, blood pressure, joints, etc.), please indicate type of medication and possible side effects. _____

Please indicate any recommendations and /or restrictions you have for the client in his/her exercise program _____

Physician's signature

date