

Medical Clearance Form

Brandeis University Fitness Program

Dear Doctor,

Your patient _____ wishes to take part in an exercise program and/or fitness assessment. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program; increasing in duration and intensity over time. The fitness assessment may include a sub-maximal cardiovascular fitness test and measurements of body composition, flexibility and muscular strength and endurance.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to see your advice in setting limitation to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify and recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize _____ to release to the Brandeis University fitness program, health information concerning my ability to participate in and exercise program and/or fitness assessment. I understand this consent is revocable except to the extent that action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited with specific written consent of the person to whom it pertains.

Member's signature	Date
Trainer's signature	Date

Physician's Recommendations

	I am not aware of any contradictions toward participation in a fitness program
	I believe the applicant can participate, but urge caution because:
	The applicant should not engage in the following activities:
	I recommend the applicant not participate in the above fitness program.

Physician's signature	Date
Physician's name (print)	Phone Fax
Address	City State & Zip