

Elite Health & Fitness Training, Inc.

MEDICAL CLEARANCE FORM

Dear Dr. _____:

Your patient, _____, wishes to start a personalized fitness training program. Elite Health & Fitness Training, Inc. requires all our clients to obtain medical clearance prior to starting his/her exercise program.

In the spaces provided below please indicate any medical condition(s) that may interfere with your patient's ability to participate with an exercise program consisting of strength, flexibility and cardiovascular training as well as nutritional counseling. Please include any specific recommendations or restrictions that are appropriate for your patient in their exercise/nutritional regimen.

If your patient is taking any medications that will affect his/her heart rate response to exercise, please indicate the manner of the pharmacological effect (increases/decreases/or has no effect).

Sincerely,

Scott Shelley, P.T.
President, Elite Health & Fitness Training, Inc.

Type of medication: _____

Effect: _____

Additional Comments: _____

_____ has my approval to begin an exercise program with the
(Patient's/Client's Name)
recommendations/restrictions stated above.

Signed: _____ Date: _____ Phone: _____