

MEDICAL CLEARANCE FORM

Date: _____

Dear Dr. _____,

Your patient, _____, wishes to start a personalized fitness training program with me. As a Personal Trainer certified by American Fitness and Training of Athletes, I require all of my 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 in 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 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 side effect (increases/decreases/or has no effect on the heart).

Sincerely,

GetFit Personal Training, LLC
Renee Clark

Type of
Medication: _____

Effect: _____

Additional
Comments: _____

_____ has my approval to begin an exercise program
(Patient Name)

with the recommendations/restrictions stated above.

Signed: _____ **Date:** _____ **Phone:** _____
