

MEDICAL CLEARANCE REQUEST FORM

Dear _____

MEMBER NAME

Following a review of your Health Screen Questionnaire, we would like to advise you to seek medical advice before continuing with your exercise program.

Please ask your Doctor or Allied Health Practitioner (Physiotherapist, Dietician, Exercise Physiologist etc.) to complete this form or provide a medical clearance on clinic letterhead and return it to us at your earliest opportunity. Fernwood Women's Health Clubs provide supervised exercise utilising strength training equipment and free weights, electronic cardio equipment, and group exercise classes.

Fernwood has qualified Personal Trainers who liaise with member's health practitioners to provide best practice exercise outcomes for all members.

If your Doctor or Allied Health Practitioner requires further information, he/she can call me on

CLUB CONTACT DETAILS

Regards

Club Manager/Director

STAFF NAME

CLUB NAME

The following information to be completed by a Medical Doctor or Allied Health Practitioner

PLEASE USE THIS FORM, OR PREFERABLY YOUR CLINIC LETTERHEAD

I, _____ have examined

DOCTORS AHP NAME

MEMBERS NAME

and find this person **FIT / UNFIT** (please indicate)

to participate in an exercise program provided the following guidelines are adhered to:

Please list any restrictions / contraindications that should apply to the exercise program:

Please list recommended exercise prescription if applicable:

Signature of Examiner _____ Phone _____

Clinic Address _____

Date of Medical Examination _____ Provider Number _____