



Commit. Persevere. Succeed

PHYSICIAN CLEARANCE FORM

Dear Doctor:

Your patient, _____, desires to participate in a fitness assessment and/or exercise program with Lean on Me Fitness, LLC. Participants can expect to be safely guided through a comprehensive program created and implemented by a Certified Personal Trainer. This program will be specific to the participant's needs and desires and may include the following components: flexibility, strength, aerobic and anaerobic fitness, nutrition, and behavioral modification.

During the pre-participation health appraisal screening process, the following potential health risk factors were identified:

___ Age: \geq 45 years old (male) or \geq 55 years old (female)

___ Hypertension: ___/___ mmHg, or on hypertension medication

___ Smoking

___ Diabetes

___ Obesity: BMI of ___

___ Family History: CAD in parents or siblings prior to age 55

___ Signs or symptoms suggestive of cardiopulmonary disease

___ Known cardiac, pulmonary, or metabolic disease

___ Has not been recently (within 6 months) involved in a regular moderate exercise program

___ Other: _____.

Because of these risk factors, Lean on Me Fitness, LLC guidelines require your patient to obtain clearance from a physician prior to participation in an exercise program.

PATIENT'S CONSENT AND AUTHORIZATION

I consent to and authorize _____ to release to
(Physician's Name)

Ashley Plowman/ Lean on Me Fitness, LLC, health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent 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 without specific written consent of the person to whom it pertains.

Participant's Signature: _____ **Date:** _____

Trainer's Signature: _____ **Date:** _____

Please complete the Physician Clearance Form below and promptly return it by mail or with your patient to:

Lean on Me Fitness, LLC
P.O. Box 2194
Holland, MI 49422

If you have any questions, please feel free to contact Ashley Plowman at leanonme_fitness@yahoo.com or 517-819-5505.

To be completed by PHYSICIAN:

- The patient is cleared to participate with no restrictions.
- The patient is not cleared to participate because of current medical condition(s).
- The patient is cleared to participate with the following restrictions:

Physician's Signature: _____ **Date:** _____

Address: _____ **Phone:** _____
_____ **Fax:** _____