



Medical Clearance for Exercise Form

Your patient: _____ (**Participant Name**) would like to participate in exercise / fitness programs in a non-clinical setting with Foothills Park & Recreation District. Based on responses to an exercise preparticipation health screening, medical clearance is recommended prior to participation.

Patient understands participation is voluntary, is encouraged to ask questions, and must communicate medical status changes, concerns, signs, or symptoms during and after exercise.

Patient Health Release

My signature below indicates that I am authorizing my treating medical professional to release the requested information to the Foothills Park & Recreation District's Fitness Programs.

Patient Signature Authorizing Release of Information:

(Parent / Legal Guardian if under 18)

Patient Phone: _____ **Date:** _____

The exercise program and testing may include but is not limited to the following:

- Cardiovascular – treadmill, stationary cycle (upright or recumbent), swimming, stair climber, rowing, elliptical trainer, body weight exercises, calisthenics
- Strength, Balance, and Flexibility – exercises for all major muscle groups including legs, chest, upper back, abdominals, lower back, shoulders, arms
- Pilates / Yoga and other fitness classes



Please select the appropriate clearance:

- ☒ Cleared to exercise with no known contraindications or restrictions.
- ☐ Cleared to exercise with restrictions and limitations.
- ☐ Not cleared to exercise – should be referred to a clinically supervised exercise program.

Restrictions / Limitations:

Physician Signature

Physician Name: _____

Physician Signature: _____

Physician Phone: _____ **Date:** _____

Returned signed form to:

Foothills Park & Recreation District

Fitness Department

6612 S Ward St, Littleton CO 80127

Phone: 303-409-2263 or 303-409-2265

Fax: 303-409-2241