



## Medical Clearance for Exercise Form

Required fields are marked with an asterisk ( \* )

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 physician to release the requested information to the Foothills Park & Recreation District's Fitness Programs.

**Patient Signature Authorizing Release of Information\* :**

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(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 restrictions and limitations.

Cleared to exercise with no known contraindications or restrictions.

Not cleared to exercise – should be referred to a clinically supervised exercise program.

**Restrictions / Limitations:**

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**Physician Signature**

**Physician Name\* :** \_\_\_\_\_

**Physician Signature\* :** \_\_\_\_\_

**Physician Phone\* :** \_\_\_\_\_ **Date\* :** \_\_\_\_\_

Returned signed form to:

Foothills Park & Recreation District

Fitness Department

6612 South Ward Street, Littleton CO 80127

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

Fax: 303-409-2241