

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 ("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 District's Fitness Programs.

Patient Signature Authorizing Release of Information *

(Parent or Legal Guardian if under 18)

Patient Phone *

Date *

Medical Clearance

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 medical clearance *:

- Cleared to exercise **with no known contraindicators or restrictions.**
- Cleared to exercise **with restrictions or limitations**, as indicated below.
- **Not cleared** to exercise – should be referred to a clinically supervised exercise program.

Restrictions or Limitations

Physician Signature

Physician Name (Print) *

Physician Signature *

Physician Phone *

Date *

Returned signed form to:

Foothills Park & Recreation District

Attention: Fitness Department

6612 South Ward Street, Littleton, CO 80127

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

Fax: 303-409-2241