



kazpersonalfitness.com

Kaz Personal Fitness & Wellness Program

MEDICAL CLEARANCE REQUEST FORM

Your patient _____ has applied to participate in an exercise training program, which include:

- A fitness assessment to measure muscle strength and endurance, cardiovascular fitness level, posture and flexibility
- An exercise program two-three times per week, with each session lasting approximately 30 to 50 minutes

Does your patient require a diagnostic test prior to beginning his/her program?

Yes _____ No _____

My patient _____ is able to participate in an exercise assessment and an exercise program.

These restrictions or exerciser limitation should be followed:

This patient is taking medications that will affect heart rate or other parameters during exercise.

Type of medication

Effect

_____	_____
_____	_____
_____	_____

Physician's signature

Name in print

Address

Telephone