



# Progressive Fitness, LLP

## PHYSICIAN'S STATEMENT AND CLEARANCE FORM

Your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine.

On the Health History Questionnaire you completed, you identified that you have one or more coronary and/or other medical risk factors that may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can be exercising under the direction of Progressive Fitness, LLP.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. In order to expedite the process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it back to us. In many cases the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to Progressive Fitness, LLP. All information will be kept confidential.

Patient's signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

### For Physician Use Only

Please check one of the following statements:

I concur with my patient's participation with no restrictions

I concur with my patient's participation in an exercise program with exception to the following contraindications:

\_\_\_\_\_  
\_\_\_\_\_

I do not concur with my patient's participation in an exercise program.

Reason \_\_\_\_\_  
\_\_\_\_\_

Physician's name (print or type) \_\_\_\_\_

Physician's signature/Date \_\_\_\_\_

Please return fax to:

Attn: