

### Appendix B - Sample Medical Clearance form

Date \_\_\_\_\_

Dear Dr: \_\_\_\_\_

Your patient, \_\_\_\_\_, wishes to start a personalized training program. However, your patient must first obtain a medical clearance prior to initiating exercise due to the following risk factors or conditions:

\_\_\_\_\_

The activity will involve the following type, frequency, duration, and intensity of activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you.  
Sincerely,

NOVA Medical Exercise

Clinician Approval:

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations stated above.

\_\_\_\_\_  
Signature Date