Medical Clearance Form

This following form is only required to be completed by a Health Professional (e.g. GP or physiotherapist) if you answered ‘yes’ to one of 6 questions in stage one of the Adult Pre-Exercise Screening System (APSS) from the intake form.

If you are unsure or have any questions, please contact us:

- Belinda 0412 785 828
- Brendan 0423 267 730

Medical Clearance Form

Dear Health Practitioner,

The below named individual has applied to participate in fitness activities at Flex and Feed/ BB Body Fitness (private studio gym). The services we offer include group exercise classes and/or one-on-one personal training. The sessions aim to develop and/or maintain cardio-respiratory fitness, body composition, flexibility, balance, proprioception, muscular strength, and endurance in a supportive environment. The fitness activities may involve indoor or outdoor activities such as cycling, walking, running, jogging, callisthenics, strength conditioning, resistance training, rhythmic aerobic exercise, or a choreographed fitness module and more.

SECTION 1: PARTICIPANT DETAILS

I, _____ DOB:_____

SECTION 2: MEDICAL PRACTITIONER/PHYSIOTHERAPIST DETAILS

Practitioner's Name: _____

Address: _____

Phone Number: _____Date: _____

Practitioner's Signature: _____

SECTION 3: HEALTH INFORMATION

Please list any current or past medical conditions: _____

_____

_____

Please list any current or past injuries: _____

_____

_____

Please list any other health-related issues that may affect exercise participation: _____

_____

_____

SECTION 4: PHYSICAL ASSESSMENT

Please evaluate the participant's ability to perform the following movements and activities:

Movement/Activity	Can Perform	Can Perform with Modifications	Cannot Perform
Sit	❑	❑	❑
Stand/Walk	❑	❑	❑
Bend	❑	❑	❑
Squat	❑	❑	❑
Kneel	❑	❑	❑
Reach above shoulder	❑	❑	❑

Movement/Activity	Can Perform	Can Perform with Modifications	Cannot Perform
Use arm/hand	❑	❑	❑
Lift	❑	❑	❑
Neck movement	❑	❑	❑

SECTION 4: ACTIVITY CLEARANCE

Please tick the appropriate boxes and provide an explanation if necessary (e.g. avoid overhead exercises or avoid abduction of the arm):

For Group Exercise Classes:

❑ The participant can safely engage in group exercise classes without restrictions.

❑ I recommend the participant take part in group exercise classes with precautions:

Precautions include: _____

_____

_____

The participant should not engage in the following group activities: _____

_____

❑ The participant cannot engage in group exercise classes safely for the following reasons: _____

_____

For Personal Training:

❑ The participant can safely engage in personal training without restrictions.

❑ I recommend the participant take part in personal training with precautions:

Precautions include: _____

_____

_____

The participant should not engage in the following personal training activities: _____

_____

❑ The participant cannot engage in personal training safely for the following reasons: _____

_____

SECTION 5: HEALTH PROFESSIONAL DECLARATION

By signing this form, I, as the qualified health professional, confirm that I have conducted an appropriate health assessment of the participant and have provided accurate information based on this assessment.

Signature of Health Professional: _____

Date: _____

SECTION 6: PARTICIPANT DECLARATION

By signing this form, I, as the participant, certify that the information I have provided to my healthcare professional is accurate and complete. I am aware that participation in fitness activities may involve risks. I acknowledge that my healthcare professional has disclosed to me any relevant information that may affect my ability to safely take part in these activities.

Signature of Participant: _____

Date: _____