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 me:

- Belinda 0412 785 828

Medical Clearance Form

Dear GP/ Physiotherapist,

This form aims to assess the participant's suitability for personal training at Flex and Feed/ BB Body Fitness. It also seeks to identify any limitations or considerations for participation in various fitness activities including strength conditioning, resistance training, cardiovascular training and plyometric exercise.

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: ACTIVITY CLEARANCE

Can the client participate in the following?

Personal Training: ❑ No ❑ Yes

Other Exercise: ❑ No ❑ Yes_____

_____

SECTION 7: ACTIVITY RECOMMENDATIONS

❑ No Limitations

❑ Limitations: _____

_____

❑ No Restrictions:

❑ Restrictions: _____

_____

Recommended Exercises: _____

_____

SECTION 6: PARTICIPANT DECLARATION

I certify that the information provided is accurate and complete. I understand the risks associated with fitness activities and acknowledge your guidance is essential for my safety.

Signature of Participant: _____ Date: _____