

Exercise 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 on 0412785828 or hello@bloombybella.com.au

Exercise Clearance Form

Dear GP/ Physiotherapist,

This form aims to assess the participant's suitability for personal training/ group classes at Bloom by Bella. It also seeks to identify any limitations or considerations for participation in various fitness activities including 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

Group Exercise Classes: ☐ 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: _____