KAZ
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Kaz Personal Fitness Program

MEDICAL CLEARANCE REQUEST FORM

Your patient _____ has applied to participate in an exercise training program, which include:

- A fitness assessment to measure muscle strength and endurance, cardiovascular fitness level, posture and flexibility
- An exercise program two- three times per week, with each session lasting approximately 30 to 50 minutes

The American College of Sports Medicine recommends that a man over age 65, or a woman over age 55, who has not exercised on a regular basis receive an exercise stress test prior to exercise. Does your patient require a diagnostic test prior to beginning his/her program? Yes ____ No____

My patient _____ is able to participate in an exercise assessment and an exercise program.

These restrictions or exerciser limitation should be followed:

_____

_____

This patient is taking medications that will affect heart rate or other parameters during exercise.

Type of medication	Effect
_____	_____
_____	_____
_____	_____

_____

Physician's signature

_____

(Name in print)

_____

Address

_____

Telephone