



PARKER FITNESS

TRAINING & NUTRITION

Peter Parker, Certified Personal Trainer // 207-576-0752 // www.parkerfit.com

PHYSICIAN'S CLEARANCE

PATIENT'S NAME

AGE

DATE OF LAST PHYSICAL EXAM

This record must be signed by the physician or stamped and verified by a typed letter on the provider's letterhead. The physician's clearance form will not be accepted without such proper verification.

- This patient **may** participate fully in a physical activity program consisting of cardiovascular, strength and flexibility training without limitation.
- This patient **may not** participate fully in a physical activity program consisting of cardiovascular, strength and flexibility training without limitation.
- This patient may participate in a physical activity program consisting of cardiovascular, strength and flexibility training with the following limitations and/or recommendations:

Please include a brief description of any medical condition that might affect his/her physical activity program.

If this patient is on any medication that may affect the heart rate or the blood pressure response to exercise (elevating or suppressing), please indicate:

I consider the above individual to be:

- Normal Cardiac Patient Prone to Coronary Heart Disease Other (please explain):

Please fill in the following information if available:

Result of last GXT _____ Blood Pressure _____
Glucose _____ Total Serum Cholesterol _____
HDL-C _____ LDL-C _____ Triglycerides _____

PHYSICIAN'S SIGNATURE:

DATE