

# MEDICAL CLEARANCE FORM



Dear \_\_\_\_\_

\_\_\_\_\_ is interested in taking part in physical activity program at the MSU Wellness Center. The program may involve but is not limited to sub-maximal measurements of cardio-respiratory fitness, body composition, flexibility, and muscular strength and endurance.

The participant has completed a readiness questionnaire which has highlighted the need for medical clearance. By completing this form, you are not assuming responsibility for our physical activity program. If, however, you know of any reason why the participant should not undertake a basic assessment of fitness, we would be most grateful if you could indicate the reason below.

Thank you for your cooperation in this matter.

*The following is to be completed by a Physician or recognized health professional.*

Patient \_\_\_\_\_

\_\_\_\_\_ I know of no reason why the applicant may not participate

\_\_\_\_\_ I believe the applicant can participate, but I urge caution because:

\_\_\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_ I recommend that the applicant NOT participate.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return completed form to Courtenay Brekhuis, MSU Wellness Center