



## PROCTOR FITNESS CENTER

### Physician's Statement and Clearance

If concerns have been raised from your health history questionnaire, you will need to have a physician complete and return this medical clearance form.

The completion of this form is mandatory before you can begin exercising at St. Luke's Proctor Fitness Center. We know you are eager to start your fitness program, and we sincerely regret any inconvenience this may cause. However, please keep in mind that we want your exercise experience to be as safe as possible.

We will gladly email this form directly to the physician of your choice. If the doctor is aware of your medical history, he or she may be able to complete this form and send it back within a day or so.

I give my physician permission to release any pertinent medical information from any medical records to the staff at St. Luke's Proctor Fitness Center. I understand that all information will be kept confidential.

Patient signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Patient name: \_\_\_\_\_

Reason for requested medical clearance: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

#### For physician use only

Please check one of the following statements:

- I concur with my patient's participation with no restrictions.
- I concur with my patient's participation with the following restrictions: \_\_\_\_\_
- I believe my patient needs further examination.
- I do not concur with my patient's participation in any exercise program.  
(if checked, the individual will not be permitted to join St. Luke's Proctor Fitness Center)

Physician's name: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_