



Monster Gym

Medical Clearance Form

Date_____

Dear Physician:

Your patient_____wishes to begin a personalized fitness program at the South Yuba Club and or Monster Gym. A Nationally Certified Fitness Trainer will design the fitness program. The fitness-assessment may involve a submaximal test for cardiorespiratory fitness, body composition analysis, flexibility test, and muscular strength and endurance tests.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness testing and/or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and/or exercise programs by the applicant would be unwise, please indicate so on this form.

Physicians report:

- 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.

Physician Signature_____ Date_____ Phone_____

Please contact me with any questions or concerns. Thank you.

Sincerely,

Fitness Trainer

Phone:

555 Searls Ave., Nevada City, CA 95959

530. 470. 9100, Fax 530. 470. 9119