

Healthtrax

Physician Activity Recommendations/Medical Clearance Form

Attention: Silver Sneakers Representative

Phone: 860-652-7066

Doctor's name: _____

Practice name: _____

Phone: _____ Fax: _____

Dear Physician,

Your patient, _____ (DOB: _____) has applied for enrollment in the exercise programs at Healthtrax Fitness & Wellness. To determine a safe, appropriate exercise prescription and program, all participants fill out a Health Status Profile form. General health and lifestyle review questions are discussed and clarified by each individual in their first orientation appointment.

Exercise prescriptions are determined from physicians' recommendations and guidelines established by the American College of Sports Medicine. An optional submaximal bike or treadmill assessment might follow an initial blood pressure assessment. Other assessments may include body composition, muscular strength, muscular endurance, and flexibility. Qualified personnel will administer all fitness assessments and exercise programs.

After reviewing this participant's Health Status Profile, we determined medical clearance is needed to identify any limitations or restrictions for the participant. By completing the form below, you are not assuming any responsibility for our administration of the fitness assessment and/or programs.

If you have any questions about the Healthtrax fitness assessments and/or exercise programs, please contact me at the number above.

I authorize the release of this information to Healthtrax.

Participant's name: _____

Participant's signature: _____ Date: _____

Report of Physician *Please check one*

Silver Sneakers

- 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:
 - _____

Physician's signature: _____ Date: _____