

Pre-Exercise Medical Clearance Form

Dr. _____

Your patient is interested in undertaking a health and fitness program with Personal Best. An exercise program will be tailored to suit the health and fitness needs of your patient following an initial evaluation / consultation. The exercise program may consist of moderate to vigorous aerobic exercise (walking, cycling, swimming, running) and/or strength training exercises as appropriate including use of body weight, fitness balls, elastic resistant bands, free weights or pin-loaded equipment.

Personal Best is a health and fitness consultancy providing professional health and fitness services to individuals and organisations. Personal Best consultants are all qualified personal trainers with extensive experience in personal health and fitness for the general population.

It would be appreciated if you could complete the following form and provide approval for this patient to undertake a graduated health and fitness program. Please complete the form and return it to the patient. Please circle/ tick the appropriate response and complete additional details where appropriate.

Patient's Name: _____

1. Medical History

a) Does the patient have any form of heart disease? YES NO

If YES, please specify: _____

If NO, has the patient ever had any of the following:

- | | | | |
|------|--|-----|----|
| i) | chest pain | YES | NO |
| ii) | breathlessness or upper body discomfort upon hurrying or with any other form of exercise | YES | NO |
| iii) | abnormal ECG | YES | NO |
| iv) | any major heart or cardiovascular investigations | YES | NO |

If Yes, please specify: _____

b) Has the patient ever had:

- | | | | | |
|---|-----|----|-------------|-----------------------------------|
| i) high blood pressure ? | YES | NO | Present ___ | Past but not now ___ |
| ii) diabetes ? | YES | NO | Present ___ | Past but not now ___ |
| iii) high cholesterol ? | YES | NO | Present ___ | Past but not now ___ |
| iv) any haematological or immune system disorders which may affect their ability to participate ? | YES | NO | Present ___ | Past but not now ___ |
| v) any epilepsy or other neurological disorder? | | | Present ___ | YES NO
Past but not now ___ |
| vi) any other major illness or disease that may limit their ability to participate?
(e.g asthma, arthritis, back pain) | | | Present ___ | YES NO
Past but not now ___ |

