

Medical Clearance for Online Workout Plan

Dear Doctor,

Your patient wishes to participate in an unsupervised online fitness program offered by NSCA Certified Personal Trainers at pikefitness.com. These programs may consist of a variety of different resting, strength, endurance, and flexibility/mobility exercises.

In our screening process, we found your patient is at an elevated risk of a cardiovascular incident and/or an injury. We require this medical clearance form to participate when such risks are found, and will only allow participation for Class I individuals as detailed below. We will modify our plan as needed if you list any recommendations or contraindications. If your patient is Class II or III, we will help guide them to find a properly qualified fitness professional to supervise them while exercising.

In the interest of your patient and for our information, please complete the following.

1. I consider this patient (please check one)

_____ Class I: Presumably healthy. No apparent heart disease. Eligible for unsupervised program

_____ Class II: Presumably healthy. One or more risk factors for heart disease. Eligible to participate in a supervised program.

_____ Class III: Patient not eligible for program. Medically supervised program is recommended.

2. Please list any preexisting medical or orthopedic conditions requiring continued or long term medical treatment or follow-ups.

3. Please list any known conditions that may be worsened by exercise.

4. Please provide specific recommendations and/or restrictions concerning this patients present health status as it is related to active participation in a fitness program.

Referring Physicians Signature: _____ Date: _____

Physicians Name: _____ Phone: _____

Physicians Practice Address: _____

Client's Name: _____ Phone: _____