** Medical Clearance to Exercise Form **

Your patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Participant) would like to participate in the exercise/fitness programs at the New Balance Student Recreation Center, a **non-clinical health/fitness facility** that provides a variety of exercise/fitness activities. To comply with pre-activity screening recommendations established by the American College of Sports Medicine, we have all participants complete a brief health history questionnaire (PASQ). Based on the responses to the PASQ (copy attached), your patient needs to obtain medical clearance prior to participating in our exercise/fitness programs. Once completed and signed by you, your patient can return this clearance form to me or you can fax it to me at 207-581-4898 (secure fax number of fitness facility). If you have any questions, please feel free to contact me at 207-581-3482 or caitlin.caserta@maine.edu.

Program & Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

Caitlin Caserta, M.Ed-Kinesiology and Physical Education, ACSM EP-C, Assistant Director for Fitness

**Please check (√) one of the following:**

□ Not cleared to exercise at this facility – should be referred to a clinically supervised exercise program

□ Cleared to exercise at this facility

Please check (√) the highest exercise intensity level your patient is cleared for and provide any other restrictions/limitations

 □ Light (<57 to < 64% HR max)

 □ Moderate (64 to < 76% HR max)

 □ Vigorous (76 to < 96% HR max)

 □ Near Maximal to Maximal (> 96% HR max)

Restrictions/Limitations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Name (printed) Physician’s Signature**

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**Phone number Date**