

Orthosports
Orthopedic, Sports & Spine Therapy
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Physician Consent / Medical Clearance Form

This form must be signed and returned by your physician if one or more questions on the Physical Readiness Questionnaire were answered as yes. Please allow your physician to review the answers to your readiness questionnaire prior to signing this form.

Dear Dr.: _____

One of your patients, _____, is interested in participating in our Adult Fitness Program. The program requires an initial fitness assessment which involves sub-maximal measurements of cardio-respiratory fitness, body composition, flexibility, and muscular strength and endurance. All assessment protocols will be administered by personnel qualified in assessment techniques and first aid.

The participant has completed a readiness questionnaire which has highlighted the need for potential medical clearance. By completing this form, you are not in any way assuming any responsibility for our assessment or exercise program. If, however, you know of any reason why the participant should not undertake a basic assessment of fitness and begin an exercise program, we would be most grateful if you could indicate the reason below.

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because:

_____ I recommend the applicant not participate at this time.

Physician Signature: _____ Date: _____