# MEDICAL CLEARANCE / CONSENT FORM

**Laura Artman, CPT LE**
Laura Artman | California

**For completion by the client's primary care provider or other qualified healthcare provider**

The client named below is requesting participation in a personalized exercise program. Please review the client's health status and indicate whether participation in exercise is appropriate. Please identify any limitations, precautions, or recommended modifications that should be considered when designing and delivering the exercise program.

## CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Phone: _____

Date of Evaluation: _____

## HEALTHCARE PROVIDER REVIEW

Based on your evaluation, is the above client medically appropriate to participate in a supervised exercise program?

■ Yes, without restrictions ■ Yes, with restrictions/precautions listed below ■ No, not at this time

**Recommended exercise limitations, precautions, or modifications:**

_____

_____

_____

**Recommended exercise intensity or other parameters, if applicable:**

_____

_____

## ADDITIONAL MEDICAL INFORMATION

Please identify any medical conditions, medications, physical limitations, symptoms, or other considerations that may affect participation in exercise, if relevant:

_____

_____

_____

## HEALTHCARE PROVIDER

Provider Name: _____

Practice / Clinic: _____

Phone: _____

Email: _____

License / Credentials: _____

## PROVIDER SIGNATURE

I have reviewed the information above and indicated the client's suitability for participation in an exercise program. The fitness professional will use the information provided to guide exercise programming within the scope of fitness training.

**Provider Signature:** _____

**Date:** _____

## CLIENT AUTHORIZATION

I authorize my healthcare provider to provide the information requested on this form to Laura Artman, CPT LE for the purpose of exercise-program planning and participation. I understand that this form does not replace ongoing medical care.

**Client Signature:** _____

**Date:** _____