

Medical Clearance Form

Dear Examiner:

As part of our enrollment procedures, we would like your approval for (patient) _____ to participate in our Executive Training Program at Athletes' Performance. The patient's personalized exercise program will take place at Athletes' Performance facility and will be administered by qualified personnel trained in exercise programming and implementation. If you know of any medical, or other reasons why participation in the Executive Program at Athletes' Performance by the applicant would be unwise, please indicate so on this form.

By completing the form below you are not assuming any responsibility for our administration of the exercise program.

REPORT OF PHYSICIAN

Please check one:

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

I believe the applicant can participate but I urge caution because
(please list limitations):

The applicant should not engage in the following activities:

I recommend that the participant NOT participate.

Information other than what is requested is also greatly appreciated. Thank you in advance for your recommendations and support of this individual.

Physician Signature _____ Date _____

Address _____ Phone _____

City and State _____ Zip _____

Please return Medical Clearance Form to:

**Athletes' Performance
Attn: PT Dept Manager
2629 E Rose Garden Ln
Phoenix AZ 85050**

OR Fax 480-449-9200

MEDICAL RECORDS RELEASE AUTHORIZATION

I give permission to release any medical information that may be beneficial for preparing an exercise program to the Athletes' Performance.

Patient Signature _____ Date _____

Patient Name _____

