



MEDICAL CLEARANCE FORM

Dear Doctor:

During application for enrollment at The Kingsbury Club, your patient

_____ completed a Health History and Activity Profile Form. **Information on this form indicates your patient will require a physician's clearance form.** The patient has indicated the following health risk(s):

The patient's exercise program will take place at The Kingsbury Club, Kingston, Massachusetts, and will be administered by qualified personnel trained in conducting exercise programs. If you know of any medical, or other reasons why participation 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.

(Please complete reverse side)

