

Medical Clearance Certificate

The *Sports Medicine Australia Pre-exercise Questionnaire/Coronary Artery Disease Risk Factor Screening* has been completed by your patient:

(NAME OF PERSON)

and it has been identified that he/she may risk his or her personal health and safety if he/she begins any of the physical activities offered at our facility, without medical advice.

The following Risk Factor/s were identified:

Please complete the following statement regarding your patient:

I, Dr _____, upon clinical examination of the above named individual, have determined that he/she is: *(please tick the appropriate option below)*

- Medically fit to perform intense exercise at or near their maximum capacity, which includes attainment of their maximum heart rate.*
- Medically fit to perform low - moderately intense exercise, but not at intensities above 75% of their maximum heart rate.*
- Medically unfit to perform any exercise.*

Please note any other limitations and the period of time for which this medical clearance is valid for the client.

Doctors Signature: _____

Date: _____



If you have any questions regarding this Clearance Certificate, please contact:

Victoria Bick **6324 3692** (Launceston)
Nadia Roulias **6226 1762** (Hobart)