

MEDICAL CLEARANCE CERTIFICATE



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

Name	Surname
------	---------

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:

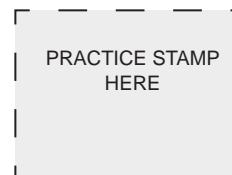
Please complete the following statement regarding your patient.

I, Dr _____, upon clinical examination of the above named individual, have determined that he/she is:

- 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 to 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 medial clearance is valid for the client.

DOCTORS SIGNATURE	DATE
-------------------	------



IF YOU HAVE ANY QUESTIONS REGARDING THIS CLEARANCE CERTIFICATE, PLEASE CONTACT
LAUNCESTON - SARAH CAMPBELL
HOBART - NADIA ROULIAS

