



EXERCISE IS MEDICINE AT FREEDOM AQUATIC & FITNESS CENTER

Patient: _____ Date: _____

Primary Diagnosis _____

Referring Physician: _____

Physician Phone: _____ Address: _____

Clinic Stamp: _____

Freedom Aquatic & Fitness Center contact: Tammy Rowland, Community Care Coordinator
Email: trowlan@gmu.edu Program Website: www.freedomcenter.com/fitness/eim

MEDICAL CLEARANCE FORM

Your patient’s referral into the Exercise is Medicine Program at Freedom Aquatic and Fitness Center requires medical clearance from their health care provider prior to program start as the program includes physical activity. By completing this form, you are not assuming any responsibility for the program content.

Activities may include:

- Sub-maximal cardiorespiratory testing using a walking or bike test.
- Back and hamstring flexibility testing using a sit and reach protocol
- Functional Movement Screening to identify any musculoskeletal weaknesses
- Exercise on cardiovascular and/or strength training equipment
- Exercise with free weights and/or small apparatus including stability balls

All assessment and exercise protocol will be administered by qualified personnel; however, certain medical conditions may require restricted activity or modifications. If you know of any reason why the participant should not participate in certain types of exercise, we ask you to indicate those activities below. Please be specific.

_____ Patient may participate in exercise.

_____ Patient may participate, but I urge caution due to: _____

_____ Patient may participant in exercise but should not engage in the following activities: _____

_____ I recommend the patient NOT participate in exercise.

Physician Signature: _____