

**EXERCISE IS MEDICINE AT FREEDOM AQUATIC & FITNESS CENTER**

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary Diagnosis** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_

**Physician Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Clinic Stamp:** \_\_\_\_\_  
\_\_\_\_\_

**Freedom Aquatic & Fitness Center**

**Return to:** Karla King, EIM Administrator **Email:** Kbalck@gmu.edu

**Program Website:** [www.freedomcenter.com/fitness/eim](http://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 participate in exercise but should not engage in the following activities: \_\_\_\_\_

\_\_\_\_\_ I recommend the patient NOT participate in exercise.

Physician Signature: \_\_\_\_\_