



H360 Medical Clearance Form

General Details:

- 1. **Patients Name:** _____ **Date:** __/__/__
- 2. **Outline any special medical conditions or injuries your patient is currently receiving treatment for?**

- 3. **Do any of these medical conditions, illnesses or injuries limit or affect the patient’s participation in physical activity?** Yes No

- 4. **Is your patient on any medication prescribed or otherwise?** Yes No
If yes name and specify any possible effect or implication this may have regarding exercise ie heart rate/blood pressure response, breathing, fatigue, change in body weight.

PATIENT EXAMINATION

- A: **Resting Blood Pressure:** Systolic _____ mmHg Diastolic _____ mmHg
- B: **Resting Pulse:** _____ bpm
- C: **Respiration response: Normal** Yes No
- D: **Muscular skeletal system:** Please specify any muscular injuries, tissue or ligament/tendon, bone damage.

Implications for physical activity

List any optional tests conducted at your discretion & attach any additional notes if necessary.

TEST: _____ **RESULT:** _____

Please list any recommendations you may have regarding the prescription of exercise for your patient. Please be specific.

Medical Clearance Approved Yes No **Date:** __/__/__

Physician’s Name: _____ Physician’s Signature: _____

Name of Clinic: _____

Contact address: _____ Contact Phone: _____

Would you like to be informed of the patients program and his/her progress? Yes No

Thank you for your co-operation. If you feel there is any need to contact the trainer in regard to your patient’s medical clearance or participation in a regular supervised program please do not hesitate to do so.

H360 – Personal Trainer / Coach



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Attention: Doctor

Your Patient is interested in commencing a regular exercise program with H360. This program is likely to involve the use of gymnasium equipment, participation in exercise classes and other forms of progressive conditioning exercises.

Prior to commencing an exercise program, all H360 clients are subject to pre-participation screening in the form of a pre-fitness appraisal questionnaire and fitness appraisal to highlight any factors relating to their overall health and well being.

All persons commencing a training session at the centre are required to complete a pre-fitness appraisal questionnaire.

Individuals with medical symptoms or those individuals who have not been exercising regularly (who are males over the age of 35 years and females over the age of 40 years) are required to have a medical clearance before commencing any physical activity at H360.

Your patient had been identified as requiring further screening measures prior to the completion of a fitness appraisal and prescribed exercise program and he/she requires confirmation by yourself as a qualified medical practitioner to their participating in these activities.

In the interests and safety of your patient please can you complete the attached form with relevant details for the review by our qualified personal fitness trainers. If you would like to contact the personal trainer or myself directly, with more details or questions, please don't hesitate to phone.

Thankyou for your assistance

Yours in health,

Robert Greco

H360 Studio Manager
www.h360.com.au