

Medical Clearance Form for Participation in Physical Activity

Client Information
Name:
Date of Birth:
Email Address:
Trainer Information
Trainer's Name: Carolyn Wyse
Phone Number: 226-899-2062
Email Address: carolyn@carolyntrains.ca
Program Description
The client has expressed interest in participating in a personalized physical activity program designed to improve their fitness and overall health. The program may include unsupervised cardiovascular exercises, resistance training, flexibility work, and other fitness activities tailored to the client's goals.
Health Concerns
During the initial health screening (PAR-Q), the client indicated one or more potential health issues that may require medical clearance before beginning or continuing the exercise program. Please assess the client's suitability for physical activity and provide your recommendations.
Healthcare Provider's Assessment:
 Based on your assessment, is the client cleared to participate in the proposed physical activity program? Yes, without restrictions Yes, with the following restrictions (please specify):

\square No, the client should not participate in the physical activity program at this time.
2. Additional Recommendations or Considerations:
Healthcare Provider's Information:
Name:
Medical Specialty:
Phone Number:
Email Address:
Address:
Healthcare Provider's Signature:
Date:
Client Authorization:
By signing below, I authorize my healthcare provider to release the above information to my personal trainer, Carolyn Wyse, for the purpose of ensuring my safety during physical activity.
Client Signature:
Date:
Instructions for Submission:

Please email the completed form to carolyn@carolyntrains.ca. To protect the private health information contained on the form, please password-protect the document before sending.

Important: After password-protecting the document, send the password to access the file separately in a different email.