



Exercise For Life  
SHOP 9,  
89 PETRA STREET  
EAST FREMANTLE WA 6158

Tel: 9319 8355  
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Client Name: _____	Male/Female
Address: _____	
Telephone: _____	DOB: _____

Presenting Problem: _____
_____
Recommendations/Contraindications: _____
_____
Other Health Concerns/Comments: _____
_____

<p><b>Medical Clearance</b></p> <p>Individuals who attend Exercise For Life undertake a physical fitness assessment followed by an exercise program. Both the assessment and exercise program contain moderate cardiovascular and muscular strength and endurance exercise.</p> <p>I have examined _____ and clear them of any obvious medical condition that may prevent their participation in a physical fitness assessment followed by an exercise rehabilitation program.</p> <p>Based on my assessment, it is unlikely that moderate physical activity will pose a significant risk to this individual.</p> <p>Comments: _____</p> <p>_____</p>
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Name of Doctor/Specialist:	Signature:	Date: