



1461 A First Avenue #169, New York City, New York 10021-2201 | phone (212) 410-5552 | fax (212) 717-0940 | www.underdogfitness.com

MEDICAL CLEARANCE FORM

Dear Dr. _____

Your patient _____, has requested to participate in an exercise program with us. The program will consist of a combination of aerobics conditioning, resistive training, as well as stretching and mobility exercises. Please indicate and check the appropriate box for your patient:

- No contraindications for participation in general exercise program
- Participation in exercise program is recommended with the following restrictions or modifications _____
- I do not recommend participation in a general exercise program at this time

Please list any medications your patient is taking, the reason for taking them, and whether they have any effect on blood pressure, heart rate, or exercise response and what that response would be _____

If available from your patient's last visit or exam, please provide the following:

Resting Blood Pressure ____/____/____ mm Hg Resting Pulse ____ bpm
Total Cholesterol _____ mg/dl HDL's _____ mg/dl LDL's _____ mg/dl

Physician's Signature

Date signed

Address

Phone

Thank you very much for taking time to fill this form out.

Sincerely,

Underdog Fitness