

171 Tremont Street
Melrose, MA 02176
781.662.3306
www.fitlifestylestudios.com

Fit Lifestyle Studios



Where Health Meets Fitness

Medical Clearance Form

Our goal is to provide you with a safe and effective exercise program. As a result, we comply with the fitness standards of the American College of Sports Medicine. You have indicated that you have one or more coronary and/or other medical risk factors that may impair your ability to exercise safely/or you are currently a rehabilitation patient. For this reason, we recommend that you have your *physician complete and return this medical clearance form before beginning an exercise program.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff of Fit Lifestyle Studios. All information will be kept confidential.

Site Location: 171 Tremont Street Melrose, MA 02176

Patient's Name _____ Patient's Signature _____ Date _____
*Physician's Name _____ Phone _____
Address _____

For *Physician Use Only

Please check one of the following statements:

- My patient may participate with no restrictions
 My patient may participate with the following restrictions:

*Physician's Name (please type or print) _____

Physician's Signature _____ Date _____

*If you are currently under the care of a Chiropractor or Physical Therapist and this is not a cardiac risk clearance, this form may be signed by the provider you are currently under the care of.