

Exercise For Life
SHOP 6,
BEDFORD FAIR SHOPPING CENTRE
72 WALTER ROAD, BEDFORD WA 6052

Tel: 9371 8563
Fax: 9371 5171



Client Name: _____	Male/Female
Address: _____	
Telephone: _____	DOB: _____

Presenting Problem: _____

Recommendations/Contraindications: _____

Other Health Concerns/Comments: _____

<p>Medical Clearance</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>

Name of Doctor/Specialist:	Signature:	Date: