Train Like the Pros.

MEDICAL CLEARANCE FORM

Your patient, _____, has applied to participate in one-on-one training with Athletic Edge which requires your medical clearance prior to participation. Clearance indicates that this patient has no contraindications for participation in the below described fitness tests and one-on-one training. The patient will be administered these tests to determine his/her state of fitness. A description of these tests is listed below to determine his or her clearance status.

Health risk appraisal/questionnaire

Resting Measures (e.g. heart rate, blood pressure, %body fat, anthropometrics)

Muscle Strength/Endurance Tests – near of maximal exertion using isokinetic and

Isotonic equipment (where applicable)

Cardio-respiratory assessment – estimation of functional capacity using a cycle Ergometer. Maximal attainable heart rate will be 85% of age-predicted maximum (where applicable).

Some organizations recommend that an individual over 40 years of age, who has not been involved in an exercise program on a regular basis, have a diagnostic exercise test prior to beginning such a program. Does your patient's risk factor assessment warrant such a test prior to beginning his/her program?

- ❑ Yes
- ❑ No

My patient, _____, is physically able to participate in the above described testing regimen and vigorous, individually instructed exercise program.

NAME (PRINT)

SIGNATURE:

ADDRESS:

PHONE:

Please add recommendations, restrictions, and concerns on the back of this form and return medical clearance to:
Athletic Edge, 1718 E. 2nd St., Scotch Plains, NJ 07076

(908) 322.2003 phone
(908) 322.9445 fax
info@athleticedge.net email

Thank you.

1718 East Second Street
Scotch Plains, NJ 07076
(908) 322.2003

info@athleticedge.net

Train from the **Inside Out.**

MEDICAL CLEARANCE FORM

Your patient, _____, has applied to participate in one-on-one training with Pilates at the Edge which requires your medical clearance prior to participation. Clearance indicates that this patient has no contraindications for participation in the below described fitness tests and one-on-one training. The patient will be administered these tests to determine his/her state of fitness. A description of these tests is listed below to determine his or her clearance status.

Health risk appraisal/questionnaire

Resting Measures (e.g. heart rate, blood pressure, %body fat, anthropometrics)

Muscle Strength/Endurance Tests – near of maximal exertion using isokinetic and

Isotonic equipment (where applicable)

Cardio-respiratory assessment – estimation of functional capacity using a cycle Ergometer. Maximal attainable heart rate will be 85% of age-predicted maximum (where applicable).

Some organizations recommend that an individual over 40 years of age, who has not been involved in an exercise program on a regular basis, have a diagnostic exercise test prior to beginning such a program. Does your patient's risk factor assessment warrant such a test prior to beginning his/her program?

- ❑ Yes
- ❑ No

My patient, _____, is physically able to participate in the above described testing regimen and vigorous, individually instructed exercise program.

_____
NAME (PRINT)

_____
SIGNATURE:

_____
ADDRESS:

_____
PHONE:

Please add recommendations, restrictions, and concerns on the back of this form and return medical clearance to:
Pliates at the Edge, 1718 E. 2nd St., Scotch Plains, NJ 07076

(908) 322.2003 phone
(908) 322.9445 fax
info@athleticedge.net email

Thank you.

1718 East Second Street
Scotch Plains, NJ 07076
(908) 322.2003

info@athleticedge.net

Knowledge is Power.

MEDICAL CLEARANCE FORM

Your patient, _____, has applied to participate in one-on-one training with Golfer's Edge which requires your medical clearance prior to participation. Clearance indicates that this patient has no contraindications for participation in the below described fitness tests and one-on-one training. The patient will be administered these tests to determine his/her state of fitness. A description of these tests is listed below to determine his or her clearance status.

Health risk appraisal/questionnaire

Resting Measures (e.g. heart rate, blood pressure, %body fat, anthropometrics)

Muscle Strength/Endurance Tests – near of maximal exertion using isokinetic and

Isotonic equipment (where applicable)

Cardio-respiratory assessment – estimation of functional capacity using a cycle Ergometer. Maximal attainable heart rate will be 85% of age-predicted maximum (where applicable).

Some organizations recommend that an individual over 40 years of age, who has not been involved in an exercise program on a regular basis, have a diagnostic exercise test prior to beginning such a program. Does your patient's risk factor assessment warrant such a test prior to beginning his/her program?

- ❑ Yes
- ❑ No

My patient, _____, is physically able to participate in the above described testing regimen and vigorous, individually instructed exercise program.

NAME (PRINT)

SIGNATURE:

ADDRESS:

PHONE:

Please add recommendations, restrictions, and concerns on the back of this form and return medical clearance to:
Golfer's Edge, 1718 E. 2nd St., Scotch Plains, NJ 07076

(908) 322.2003 phone
(908) 322.9445 fax
info@athleticedge.net email

Thank you.

1718 East Second Street
Scotch Plains, NJ 07076
(908) 322.2003

info@athleticedge.net