

## Fitness for Health Medical Clearance Form

Dear Physician or Nurse Practitioner:

Re: Participant Name: \_\_\_\_\_

Your patient, whom has one or more chronic conditions, wishes to participate in the Fitness for Health program at the Allandale Recreation Centre in partnership with the Barrie Community Health Centre. The program is held 2 times/week for 6 weeks. It includes aerobic, strengthening, and stretching exercises, and health education such as goal setting, nutrition, and stress management. Exercises will begin slowly and build up gradually. The team includes a Physiotherapist and Fitness Instructors as well as volunteers and guest speakers. Your patient will also receive a 6 week membership to the City of Barrie Recreation Centres. In order to ensure your patient's safety, we ask that a nurse practitioner or physician complete and return this page to us, indicating medical clearance and any activity restrictions or precautions regarding medical conditions for your patient. Please complete the next section.

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**The above mentioned patient may participate in the Fitness for Health Program:**

- Unrestricted physical activity – start slowly and build up gradually **OR**
- Progressive physical activity
  - With avoidance of: \_\_\_\_\_
  - With inclusion of: \_\_\_\_\_

Relevant medical conditions: \_\_\_\_\_

Medications effecting exercise: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Physician or NP name (print)                      Physician or NP signature                      Date (mm/dd/yyyy)

**Patient Section:** D.O.B. (mm/dd/yyyy): \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician/Nurse Practitioner name \_\_\_\_\_

I hereby request that information regarding my health that is pertinent to participating in the Fitness For Health program be released to the Barrie Community Health Centre.

\_\_\_\_\_  
Patient name (print)                      Patient signature                      Date (mm/dd/yyyy)

\_\_\_\_\_  
Witness name (print)                      Witness signature                      Date (mm/dd/yyyy)

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**Please fax this form to the Barrie Community Health Centre at 705-734-0239 Attention: Fitness for Health**

For more information contact the Barrie Community Health Centre at 705-734-9690 Ext. 291