



# MEDICAL CLEARANCE FORM

## Elsie Stuhr Center Fitness Program

5550 SW Hall Blvd, Beaverton, OR 97005

Phone (503) 629-6342 | Fax: (503) 629-6347

Please print clearly

<i>Patient's Name</i>	<i>Age</i>
<i>Address</i>	
<i>City/St/Zip</i>	<i>Phone</i>

Participation in the Elsie Stuhr Center Fitness Room requires physician approval prior to starting a fitness program.

DEAR PHYSICIAN,

The above patient wishes to participate in a 55 year and older adult physical fitness program with Tualatin Hills Park & Recreation District (THPRD). Your patient needs to be medically cleared before joining this program.

If your patient does not have any known contraindications to exercise, and you feel your patient is an appropriate candidate to join this exercise program, please complete this form and return into your patient or fax it to 503/629-6347. This form must be returned before your patient can begin an exercise program.

If your patient is on medication that will effect his/her heart rate or blood pressure response to exercise, please specify the type of effect (i.e., increase, no effect, etc.).

MEDICATION \_\_\_\_\_ Response \_\_\_\_\_

MEDICATION \_\_\_\_\_ Response \_\_\_\_\_

MEDICATION \_\_\_\_\_ Response \_\_\_\_\_

Please make recommendations or list restrictions that are appropriate for your patient's participation in an exercise program.

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Patient has been advised of these restrictions

Patient has no known contraindications.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIAN (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your assistance in screening your patient for participation in our exercise program. If you have any questions regarding the program, please call the Fitness Specialist Staff at 503/629-6342.

The following is a list of equipment offered in the Elsie Stuhr Center. Fitness Room members are able to use all equipment unless contraindicated by their physician.

Please check all that apply as contraindicated for participation

<b>Cardiovascular Equipment</b>	<b>Contraindicated</b>		<b>Contraindicated</b>
NuStep (seated stepping machine)	<input type="checkbox"/>	Treadmill	<input type="checkbox"/>
Stationary Bike	<input type="checkbox"/>	Elliptical Cross Trainer	<input type="checkbox"/>
Recumbent Bike	<input type="checkbox"/>	All Motion Trainer (AMT)	<input type="checkbox"/>
Seated Elliptical trainer	<input type="checkbox"/>	Arm Ergometer	<input type="checkbox"/>
<b>Strength Equipment</b>	Contraindicated		Contraindicated
Complete strength training circuit	<input type="checkbox"/>	Stability balls, balance discs	<input type="checkbox"/>
Free Weights	<input type="checkbox"/>	Other individual equipment	<input type="checkbox"/>
Exer-tubes for resistance training	<input type="checkbox"/>	Functional trainer	<input type="checkbox"/>
<b>Stretching Equipment</b>	Contraindicated		Contraindicated
Precor Stretching machine	<input type="checkbox"/>	Stretching table	<input type="checkbox"/>
Mats, Stretching straps, etc.	<input type="checkbox"/>		

Additional Comments:

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