PHYSICIAN’S CLEARANCE FOR EXERCISE PARTICIPATION

University of Maine Farmington Fitness and Recreation Center

Patient’s name____________________________________________
Address________________________________________________________________________
Telephone numbers: primary____________alternate____________________
Patient has sought clearance for: Personal training_______Heart Time Membership____ Other____

The UMF Fitness and Recreation Center recommends that individuals over 40, especially those who have not been recently active, have medical clearance before participating in a vigorous exercise program. The center leaves the question of an appropriate medical evaluation including exercise testing, to the judgment of the physician. The American heart Association/American College of Cardiology joint ask force stated that exercise testing may be warranted in asymptomatic men over 40 before stating a vigorous exercise program, but is generally not indicated in asymptomatic people at low risk of heart disease.

The American College of Sports Medicine recommends that apparently healthy men over 45 and apparently healthy women over 55, and individuals with 2 or more risk factors for heart disease have a medical examination and maximum exercise test before beginning a vigorous (greater than 60% of maximum heart rate) exercise program.

A diagnostic medically and electrocardiographically monitored exercise test will, in addition for screening for asymptomatic coronary ischemia, establish a safe and effective exercise level. Individuals who do not undergo a diagnostic exercise test ordered by their physician may be given a nondiagnostic, unmonitored, submaximal exercise test by UMF fitness center personnel for the purpose of establishing an appropriate exercise level.

Some non-cardiac medical conditions, and recent injuries or surgeries which may require adaptation or limitation, may require a physician’s clearance for exercise.

Physician’s recommendation (check the appropriate line)

a.________There is no contraindication for participation in a moderately vigorous exercise program
b.________Participation in a moderate exercise program is recommended with the following restrictions:
_________________________________________________________________
_________________________________________________________________
c.________Because of the following diagnosis participation in moderate exercise program is inadvisable_____________________________________________________________________
_______________________________________________________________________________
______________________________________

Physician’s name (please print) _______________________
Signature______________________________
Date___________
Address___________________________________________________________
Telephone______________ Fax_________________

Please return completed form to
University of Maine Farmington Fitness and Recreation Center
152 Quebec Street Farmington ME 04938 Fax: 778-7202
Attention: Personal training___ Heart Time Membership____ Other____
If you have questions about this request please contact the assistant director for group fitness
and personal training at 778-7505