

Glen Eira Leisure

Medical Clearance form

Please have your doctor complete this form.

Patient name: _____

Contact number: _____

Date of Birth: ___/___/_____

I give permission for my doctor to provide the necessary medical information to Glen Eira Leisure.

Signed: _____

Prior to the patient being approved to undertake an exercise program with Glen Eira Leisure, they need to complete an assessment of their general health.

Does the patient have any underlying health conditions, that would impact their ability to safely exercise?

Has the patient undergone any operations in the past 12 months, that may impact their ability to safely exercise?

Is the patient on any medication that may impact their ability to safe exercise?

Do you have any recommendations or impose any restrictions on their exercise routine?

Doctors Signature: _____

Date: _____

Address: _____

Contact number: _____