

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 task 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

