

Physician's Statement and Clearance Form

At Rambling River Center, your safety is our primary concern. For that reason, we require you to have a physician complete and return this medical clearance form before you can begin exercising at the Rambling River Center. **Please return fax to: Fax 651-280-6979.**

We recognize that you are eager to start your fitness program and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience here to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us. In many cases the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at the Rambling River Center. All information will be kept confidential and will only be released to personnel of the Center working with the patient as part of their exercise program or to others who may be called on to provide medical treatment to the patient.

Patient's Signature _____ Date _____

Information request for _____ (exercise activity or program)

Reason for medical clearance _____

Physician's name _____

Physician's phone _____ fax _____

Address _____

For Physician Use Only

Please check one of the following statement:

I concur with my patient's participation with no restrictions

I concur with my patient's participation in an exercise program if he/she restricts activities to: _____

 I do not concur with my patients participation in an exercise program (if checked, the individual will not be allowed to join the Rambling River Center's fitness center.)

Physician's name (type or print) _____

Physician's signature _____

Date _____