

**Healthy Lifestyles Fitness Center**

200 Chesapeake Blvd., Suite 2500  
Elkton, MD 21921  
410-620-3101 (Fax) 410-620-3606



Participation in the Healthy Lifestyles Fitness Program requires medical clearance.

Participant's Name \_\_\_\_\_

Participant's Address \_\_\_\_\_

\_\_\_\_\_

Participant's Telephone Number \_\_\_\_\_

Physician's Name and Telephone Number \_\_\_\_\_

\_\_\_\_\_

**To be signed by the physician:**

***In your opinion, is this patient medically cleared to participate in a supervised exercise program?***

\_\_\_\_\_ Yes, this patient is medically cleared to participate in a supervised exercise program.

\_\_\_\_\_ No, this patient is not medically cleared to participate in a supervised exercise program.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**