



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