Physician Medical Clearance Form

Patient's Name_____

Phone Number_____

Physician Medical Clearance Form

Your patient wishes to participate in an exercise program at Coppin State University that will include a computerized fitness assessment, cardiovascular conditioning, muscular conditioning, and flexibility exercises. Participation in this program for individuals over the age of 55 or for those who indicate an existing health condition requires approval from the individual's physician.

1. Please check any of the following conditions which are pertinent to this patient:

- ❑Coronary Heart Disease
- ❑ Congenital Heart Disease
- ❑Valvular Heart Disease
- ❑CABG
- ❑COPD
- ❑Hypertension
- ❑Increased VLDL or
- ❑Decreased HDL
- ❑Hypoglycemia or Diabetes
- ❑Claudication
- ❑Syncope
- ❑Significant Musculoskeletal Disorders (Please specify at the bottom of page)
- ❑Pregnancy
- ❑Cancer
- ❑Other_____

2. Has a stress test shown any significant findings? _____

_____

3. Is this patient taking any medication that would have an effect on an exercise program?

_____

Based on the patient's health status you:

❑Find no contraindication to participation in an exercise program or the fitness assessment associated with Coppin State University.

❑Because of the factors listed above, participation is advised with the following constraints:

_____

_____

❑Find participation in an exercise program at Coppin State University's Fitness Center inadvisable.

Physician: _____
Address: _____
City: _____State:_____Zip: _____

Signed: _____

Please feel free to fax this form back to us at 410-951-3376. Any questions or comments please call 410-951-3395. Thank you.

Kyra Baker
Fitness Director
Coppin State University
Department of Student Affairs
Camus Recreation and Wellness
Physical Education Complex
Room 214
2500 W. North Avenue
Baltimore, MD 21216