

Physician Physical Activity Readiness Clearance

Date: _____

Dear Physician: _____

Client Name: _____

_____ has consulted _____
for a _____. Our _____ are not medical professionals, and as such want to be certain that our qualifications are what you would have in mind for someone designing an exercise routine, conducting a fitness assessment, and/or leading a group program for _____ before we continue. Please note that _____ will also be participating in this program _____. If this program is not what you recommend for _____, hopefully we can collectively refer _____ to a program that will suit _____ medical needs.

During our standardized screening procedures we became aware that your patient:

Answered "Yes" to one or more questions on the Get Active Questionnaire (GAQ) – see copy attached.
The specific concern:

Had a resting Heart Rate of _____ (above the safety cut-off of 99bpm)

Had a resting Blood Pressure of _____/_____ (above the safety cutoff of 144/94 mmHg)

Other Concerns

To ensure that we proceed in the safest way possible, _____ was advised to consult with you about becoming more physically active. Please complete and sign this form, indicating any necessary physical activity restrictions or guidelines, and have your patient return the form to their professional or fax to the number listed below.

Based upon my review of the health status of _____, I recommend:

Unrestricted physical activity based on the Canadian Physical Activity Guidelines – start slowly and build up gradually

Progressive physical activity:

With avoidance of: _____

With inclusion of: _____

Only a medically-supervised exercise program until further medical clearance

No physical activity

Physician Name (please print): _____

Signature: _____

Date: _____

Physician/Clinic Stamp:

If you have any questions regarding the fitness assessment, exercise program design, group program, the GAQ, or the services provided by a CSEP professional, please contact:

CSEP Professional: _____

Email: _____ Phone: _____ and Fax: _____

****NOTE: This Physician Physical Activity Readiness Clearance is valid for a maximum of one year from the date it is completed, and becomes invalid if your patient's medical condition changes.***

Physiology, Canadian Society for Exercise. (n.d.). *CSEP*. Retrieved July 20, 2018, from <http://www.csep.ca/cmfiles/publications/parq/physician%20clearance%20form%20csep-cpt.pdf>