



## MEDICAL CLEARANCE

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your patient is interested in participating in our independent maintenance program at PAR PLUS, Inc.

The physical therapy clinic has the following equipment available for use: treadmill, recumbent bicycle, upper and lower body ergometers, Profitter, BOSU trainer, Rebounder, Cybex weight training equipment, free weights, resistive bands, stability balls, foam rolls, pulley system.

Please identify any exercise limitations for your patient:

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Please indicate by your signature below that the above patient has your medical clearance to use this workout facility:

Physician's Name (please print)

Physician's Signature

Physician's Telephone Number

Date

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I have consulted with my physician about my exercise limitations and/or recommendations for my exercise regimen, if any, and I acknowledge that I should abide by that advice. If I choose to ignore my physician's advice, I do so at my own risk.

Member's Name (please print)

Member's signature

Date

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Thank you for your cooperation.

Rhonda Hanley, P.T.  
PAR PLUS, Inc.