



Duty of Care for member towards Hobart PCYC:
If you are 35 years or older, it is the requirement of our gym that if you wish to participate in an exercise or activity program, which may cause strain on your heart, lungs, muscle and/or bone, that you are certified physically healthy to take part in that program. This is a requirement at other professional gyms around the country. We apologise for any inconvenience

Dear Doctor

Your patient has expressed an interest in participating in a fitness program conducted by this centre. Before we allow individuals to participate in a particular program a routine medical examination by their personal physician is required. Could you please provide us with a minimum medical history and status of your patient?

Yours sincerely

K.B. Smith
Club Superintendent

MEDICAL CLEARANCE FORM

Participant's Name: _____

Date of examination: _____

Name of Doctor: _____

Address: _____

_____ Telephone: _____

RELEVANT PATIENT HISTORY: _____

PRESENT MEDICATION: _____

BLOOD PRESSURE: _____

ANY PHYSICAL LIMITATIONS: _____

SIGNATURE OF DOCTOR: _____