

# MEDICAL CLEARANCE FORM

Your GP or medical specialist needs to complete and return this form to OnTrack a minimum of 7 days before your start date. Return by email [info@ontrackretreats.co.uk](mailto:info@ontrackretreats.co.uk).



Patient Name

Date of Birth  Form Date

Your patient is interested in participating in a personal training and group fitness training program being offered by OnTrack Weight Loss Retreats. The fitness program is run by personal trainers and fitness instructors at a gym, swimming pool and outdoors. The program will involve the following and we ask that you confirm your patient is cleared to participate in the following:

1. **Cardiovascular exercise:** Intensity of between 50-80% of maximum heart rate, although the participant may elect to work at a higher intensity if appropriate.

Can participate. NO limitations Any limitations \_\_\_\_\_

Can participate. WITH limitations \_\_\_\_\_

Can't participate \_\_\_\_\_

2. **Hydrotherapy sessions:** in a climate controlled swimming pool at a light to moderate intensity.

Can participate. NO limitations Any limitations \_\_\_\_\_

Can participate. WITH limitations \_\_\_\_\_

Can't participate \_\_\_\_\_

3. **Strength training:** typically 8-15 repetitions on a variety of strength training machines, free weights and floor exercises.

Can participate. NO limitations Any limitations \_\_\_\_\_

Can participate. WITH limitations \_\_\_\_\_

Can't participate \_\_\_\_\_

## PLEASE CARRY OUT THE FOLLOWING HEALTH TESTS:

Blood pressure: \_\_\_\_\_ Resting HR: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Waist: \_\_\_\_\_

If the patient has any food allergies, takes medication which reacts with certain foods, or takes medication that may prevent them participating in physical activity please explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DOCTOR / SPECIALIST INFORMATION

Name of GP/Primary Care Provider: \_\_\_\_\_ Provider No.: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Doctor / Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_