

FIT Launch, Inc.

PO Box 5489, Everett, WA 98206

www.fitlaunch.com

360/568-7448

Medical Clearance Form

Dear Physician,

_____ would like to participate in an exercise program designed by one of our fitness professionals. The program may consist of one or all of the following components: cardiovascular conditioning, strength conditioning, and flexibility training. The programs are designed to start easy with the exercisers goals and limitations in mind, and then progress to more difficult over a period of time. Qualified personnel trained in conducting exercise assessments and programs will administer all fitness and exercises programs.

By completing the form below, however, you are not assuming any responsibility for our administration of these programs. If you know of any medical, or other, reasons why this individual's participation in the exercise program should be limited, or would be unwise, please indicate so on this form.

If you have any questions about FIT Launch's exercise programs, please contact Amy Bomar, Director at 425.238.1867.

Report of Physician

_____ I know of no reason why this individual may not participate.

_____ I believe the individual can participate, but urge caution. (Please explain below)

_____ The individual should not engage in the following activities/should follow these restrictions:

Physician's Signature _____ Date _____

Physician's Name _____

Address _____

Telephone _____

Your Trainer: _____ Date _____