CHANGE COACHING AUSTRALIA

MEDICAL CLEARANCE REQUEST FORM

Dear Doctor/Allied Health Professional,

My name is Sarah Berenson and I have 30 years' experience in the fitness industry. I am a self-employed AusREPS Registered Exercise Professional Level 3, certified fitness instructor and personal trainer, holding a Certificate III and Certificate IV in Fitness. I also hold university qualifications in Health Promotion and Occupational Health and Safety and Ergonomics.

When a client reports pain, suspects or has sustained an injury, has recently undergone a medical procedure, suspects or has been diagnosed with an illness, medical condition or disability which could be aggravated or exacerbated by exercise, I am legally obligated to obtain a written medical clearance. Please outline any limitations, contraindications, physical activities to avoid and any recommendations you consider beneficial.

Please use this form or provide a letter clearly stating that your patient's conditions and/or disabilities are **"stable and managed"** and that they are fit to exercise. It is outside my scope of practice to train clients with diagnosed medical conditions or disabilities unless they are deemed **"stable and managed"** by a medical practitioner or appropriately qualified allied health professional. Thank you for providing your medical opinion and guidance. Please check **all** activities for which you are providing medical clearance:

Power lifting (heavy weights; average 4 sets of 4-6 repetitions per compound exercise; average 3 exercises per session)

☐ Heavy pushing above shoulders (e.g. shoulder press)
☐ Heavy pulling above shoulders (e.g. lat pulldown)
☐ Heavy sitting (e.g. squats)
☐ Heavy pushing below shoulders (e.g. chest press)
☐ Heavy pulling below shoulders (e.g. seated row)
☐ Heavy tipping (e.g. deadlifts)

Hypertrophy (heavy weights; average 4 sets of 8-12 repetitions per compound exercise; average 3 exercises per session)

☐ Heavy pushing above shoulders (e.g. shoulder press)
☐ Heavy pulling above shoulders (e.g. lat pulldown)
☐ Heavy sitting (e.g. squats)
☐ Heavy pushing below shoulders (e.g. chest press)
☐ Heavy pulling below shoulders (e.g. seated row)
☐ Heavy tipping (e.g. deadlifts)

Toning (light weights; average 4 sets of 20 plus repetitions per compound exercise; average 3 exercises per session)

☐ Light pushing above shoulders (e.g. shoulder press)
☐ Light pulling above shoulders (e.g. lat pulldown)
☐ Light sitting (e.g. squats)
☐ Light pushing below shoulders (e.g. chest press)
☐ Light pulling below shoulders (e.g. seated row)
☐ Light tipping (e.g. deadlifts)

Other

☐ Stability/balance exercises (body weight, light banded and/or cable exercises performed on one leg or on an unstable surface)
☐ Padwork (repeatedly punching focus mitts and holding focus mitts being punched with impact - yields elevated heart rates)
☐ Speedball (repeatedly punching a lightweight rebounding surface, low impact - yields elevated heart rates)
☐ Step aerobics (screen based, low impact, multidirectional, repetitive stepping onto a low-profile platform - yields low to moderate heart rates)
☐ Rebounder (repetitive jumping on a mini bungee cord trampoline, low impact - yields elevated heart rates)
☐ Myofascial release (rolling over muscles with a foam roller or ball using body weight or partner applied pressure, trigger pointing sore spots with compression)
☐ Partner assisted stretching (proprioceptive neuromuscular facilitation (PNF) - stretching, using partner resistance)
☐ Dynamic stretching (gently moving limbs through a full range of movement (ROM) similar in action to dance or Tai-Chi)
☐ Static stretching (10 – 60 second holds of all body parts in fixed stretched postures)
☐ Running outdoors on footpaths and bike paths
☐ Walking outdoors on footpaths and bike paths
☐ Running on a treadmill
☐ Walking on a treadmill
☐ Cycling on an indoor spin bike
☐ Rowing on an indoor rowing machine
☐ Light weight and banded exercises
☐ Bodyweight exercises
☐ Abdominal exercises

Medical Practitioner Endorsement Stamp/Contact Details

Medical Clearance

I am providing medical clearance for my patient, named below, to participate in the physical activities checked above**.** I understand that the personal trainer is not delivering rehabilitation or therapeutic services, though my patient may benefit in this way**.** In my opinion, my patient's medical conditions and/or disabilities are **stable and managed** and I consider s/he is fit to exercise.

Patient's Name:_____ Clearance Date: _____

Doctor's Name:_____ Doctor's Signature: _____