



MEDICAL CLEARANCE FORM FOR PARTICIPATION IN PHYSICAL EXERCISE PROGRAM

PLEASE PRINT:

Patient: _____ Date: _____

Address: _____

Telephone:(_____)_____ Birth Date:_____ Sex: _____

1. Physical Examination:

A. Height_____Inches Weight_____Lbs.

B. Blood Pressure _____

C. Recommended Maximum Heart Rate _____BPM

2. Pertinent Medical Information --- please specify current medications and dosage:

Medications:

Dosage:

3. List any workout limitations.

My patient has received medical clearance to participate in the Mesa Community College Fitness Center Exercise Program.

Physician's Name (printed): _____

Physician's Signature: _____ Date: _____

Address: _____ Phone(required): _____

Please direct any questions to:

Jim Haggerty
Mesa Community College
Fitness Center - Southern & Dobson/Red Mountain
Health Improvement Center - Southern & Dobson
1833 W. Southern Avenue
Mesa, AZ 85202
(480) 461-7578
(480) 461-7471 FAX

Gail Herndon
Mesa Community College
Group Activity Center
Southern & Dobson/Red Mountain
1833 W. Southern Avenue
Mesa, AZ 85202
(480) 461-7556
(480) 461-7471 FAX

