



St. Mary Wellness Center

Langhorne, PA 19047

Tel: 215- 710-6861

Fax: 215-710-6931

**\*\* PHYSICIAN CLEARANCE FORM \*\***

I hereby acknowledge that I have examined \_\_\_\_\_  
within the past \_\_\_\_\_ month (s), and have found him/her to be capable of taking the active components of the Fitness Assessment, as described briefly below, and proceeding with an exercise program based on those tests and conforming to American College of Sports Medicine guidelines. Skip to next section if not applicable.

I would suggest that the following test items be omitted or the following programming precautions be taken:

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PHONE #** (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN NAME ( PLEASE PRINT)** \_\_\_\_\_

**\*\* ACTIVE TEST COMPONENTS CENTER \*\***

- 1.) Maximal/submaximal VO2 volume of oxygen uptake.
- 2.) Submaximal strength evaluation involving all major muscle groups.
- 3.) Flexibility measure of hamstrings and lower back.

*Note:* For a detailed explanation of the components, please contact our fitness instructors at 215-710-6861