Clark Sports Center

Bassett Healthcare Network
Bassett Medical Center

Physician's Statement and Clearance Form

Welcome to Power to Survive! You have been recommended to this program by your physician. Your physician will need to complete and return this medical clearance form before beginning this program at The Clark Sports Center. All medical information that is released to the Clark Sports Center will remain confidential and secure.

At The Clark Sports Center, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine and the International Health, Racquet and Sportsclub Association.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at The Clark Sports Center. All information will be kept confidential.

Patient's Signature _____ **Date**_____

Information requested for _____

Reason for Medical Clearance_____

Physician's Name_____ Phone_____ Fax_____

Address_____

For Physician Use Only

Please check one of the following statements:

- ○ I concur with my patient's participation with no restrictions
- ○ I concur with my patient's participation in this program if he/she restricts activities to:

  _____

  _____
- ○ I do not concur with my patient's participation in an exercise program. (If checked, the individual will not be allowed to join The Clark Sports Center program.

  Reason _____

Physician's name (Type or print) _____

Physician's Signature _____ Date _____

Please Return Completed Forms to Rich Jantzi, Fitness Director, Clark Sports Center. Fax (607) 547-4100.