STATEMENT OF MEDICAL CLEARANCE

Participant's name: _____ DOB:_____

Address:_____ City: _____ Zip: _____

Health Care Provider's name: _____Phone number: _____

Address:_____ City: _____ Zip: _____

Your patient, _____, has asked to participate in the BFC (Becoming Fit at Church) Ministry Activities offered at Trinity United Methodist Church of Tallahassee, Florida, Inc.

This program requires medical clearance for anyone who 1) is recovering from surgery or a medical procedure, an extended illness, serious injury or recent hospitalization, or has recently received physical, occupational or speech therapy; 2) has answered "yes" to any one of the questions on the Physical Activity Questionnaire (PAR-Q); or 3) is over 40 years of age and has not been involved in an exercise program on a regular basis.

Reason for clearance: (please check one and provide brief details)
___Surgery ___Procedure ___ Illness ___Injury ___Hospitalization ___ PT, OT, or ST ___PAR-Q ___Inactive >40 yrs old

_____

Your patient will be involved in a BFC Ministry Activity that will be based on the ACSM's standards for exercise for healthy individuals or those who have medical clearance to exercise. These activities may include, but are not limited to, group exercise classes, resistance training, flexibility and balance exercises, aerobic conditioning, and recreational activities such as walking, hiking, kayaking, cycling, and pickleball ("BFC Ministry Activities"). BFC Ministry Activities may take place in person or virtually, on-site or off-site, and indoors or outdoors.
Please provide the information below:

- YES. My patient _____ has no current unstable medical problems that are a contraindication to participating in the BFC Ministry Activities. I approve of and support their participation in these activities. I have discussed the signs and symptoms that would make participation unsafe. Should the participant experience any of the following symptoms they should immediately stop exercising:
  _____
  _____
  _____

- NO. My patient _____ is not eligible to participate in the BFC Ministry Activities due to their current medical status.

Please indicate any special recommendations, provide specific comments and/or list contraindicated exercises or activities:

_____
_____
_____

_____ _____
Physician or Health Care Provider's signature Date