

MEDICAL CLEARANCE FOR ON-DUTY PHYSICAL EXERCISE TRAINING

(For use of this form, see Fort Knox Reg 690-11)

Dear Doctor

1. Your patient _____ has expressed a desire to participate in a physical conditioning program.
2. Your client was advised to be seen by you, his/her private physician, to ensure that it is safe for him/her to exercise.
3. We would appreciate your signature on this form to clear your client. If you have specific exercise recommendations for your client, please indicate them on this form.

FITNESS COUNSELOR _____

(signature)

PHYSICIAN STATEMENT

This statement certifies that I have evaluated _____ and have found evidence/no evidence (*circle one*) to suggest that he/she may be harmed by an exercise program.

1. Exercise heart rate should be: _____
2. Permitted Activities: (check as appropriate)
 - aerobic calisthenics
 - stationary bicycling
 - swimming
 - running
 - walking
 - weight training
3. Exercise (length of time and frequency/week):
4. Limitations/Comments:

DATE _____

PHYSICIAN _____

(signature)