



For internal use only:
Member phone number: _____
Call for orientation/action: _____

Cleveland Clinic Martin Health and Fitness Centers Medical Evaluation Prior to Exercise

Dear Healthcare Provider _____,

_____ with date of birth _____, has expressed interest in participating in the Health & Fitness Centers of Martin Health System. Based on risk factors identified as part of the enrollment process, medical optimization prior to exercise is required prior to this individual beginning a General Fitness Consultation or an Exercise Program in our facilities.

A General Fitness Consultation may include one or more non-diagnostic tests to evaluate resting heart rate, resting blood pressure, height, weight, flexibility, body composition, and/or muscular strength, along with goal setting and wellness coaching. Exercise Programs may include:

- 1) Cardiovascular Training (involving use of equipment including, but not limited to, treadmills, recumbent bikes, steppers, rowers, and ellipticals); and/or
- 2) Strength Training (involving use of equipment including, but not limited to, free weight and resistance machines).

Please provide input on the appropriateness of medical optimization prior to exercise at this time:

- Medically Optimized for General Fitness Consultation and Unsupervised Exercise Programs.
- Not Medically Optimized at this time.
- Other. _____

If applicable:

Recommendations: _____

Restrictions: _____

Health Care Provider Signature

Date signed _____

Time signed _____

Healthcare Provider: *Please return the completed form to patient.*

Patient: *Please bring the completed form with you to one of the Martin Health & Fitness Centers.*

FOR ASSOCIATE USE: Form received from _____ on _____.

Palm City Health & Fitness
772.781.2722

Hobe Sound Health & Fitness
772.223.4927