

Heart Health Program MEDICAL CLEARANCE FORM

Dear Doctor,

The Heart Health Program is a free 12 month physical activity and education program provided by the Department of Veterans' Affairs. The goal of the program is to assist participants develop healthier lifestyles through physical activity and health education.

Written medical clearance is necessary for your patient to participate in the program. The medical clearance must specify if there are any restrictions and exercise limitations that may need to be taken into account.

Participants will exercise either in a gym as part of a supervised group or an individual unsupervised exercise program developed by an exercise physiologist. Activities may include weight training, walking, swimming, bike riding. The program includes educational sessions covering diet, nutrition, alcohol, diabetes, goal setting, stress management, sleep and back care. Your patient will visit you at the conclusion of the program to measure clinical endpoints such as blood pressure and weight.

I,
(name of medical practitioner)

.....
(practitioner address)

give medical clearance for
(name of participant)

DOB/...../..... to participate in the Heart Health Program that is expected to commence in the next 12 weeks

Participant's Details:

Blood Pressure:

Cholesterol: mmol/L

..... TC HDL

..... LDL Trig.

Blood glucose: mmol/L

Weight: kg

Height: cm

Hip: cm

Waist: cm

Smoking Status: ☐ No ☐ Yes No. / day

Participant's Current Medications

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Participant's Medical Condition:

The participant currently suffers from the following conditions:

The following restrictions (if any) apply:

Participant should exercise at: (please tick)

☐ Low intensity

☐ Moderate intensity

☐ No limitations

Doctor's Signature:

Phone number:

Date:

/

/

Return via post to:

Heart Health Program Co-ordinator | Corporate Health Management | Reply Paid 91825, TULLAMARINE VIC 3043

Return via email to:

hearthealth@chm.com.au