



# Physical Activity Medical Clearance Form

Dear Healthcare Provider,

Twin Cities Wellness Center & Recovery Gym offers a co-occurring treatment program where physical activity is a core component of recovery. Clients may engage in cardiovascular workouts, strength training, yoga, martial arts, and group fitness. Activities may range from light to vigorous intensity and are tailored to individual needs.

To ensure client safety, we require written medical clearance before participation.

**Patient Name:** \_\_\_\_\_

**Examined On:** \_\_\_\_\_

**I have found the following:**

Patient may participate fully in physical activity program consisting of cardiovascular, strength training, and flexibility training without limitation.

Patient may participate in a physical activity program with the following limitations:

*Please be specific with limitations/modifications and provide a brief description of any medical condition(s) which may affect their program*

\_\_\_\_\_

If the patient is on any medications which may affect the heart rate or blood pressure response to exercise, elevating or suppressing, please indicate:

**Medication Name**

**Possible Effect**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Please return this completed form to the patient or fax to:**

Twin Cities Wellness Center & Recovery Gym  
2912 N 2<sup>nd</sup> St, Minneapolis, MN 55411  
P: 612.234.4242 F: 612.234.4230