

**Zest for Life  
Medical Clearance**

Dear Dr. \_\_\_\_\_

I, \_\_\_\_\_, desire to participate in Western Michigan University's Employee Wellness Program. Zest For Life fitness classes are designed to improve physical fitness by safely and effectively improving flexibility, muscular strength and cardiovascular endurance. A sub-maximal fitness testing option is also available. I was required to complete a Health History Questionnaire before participating in the exercise programs. My questionnaire indicates that I have an increased risk in the following area(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Family history of heart disease   | <input type="checkbox"/> Weight                             |
| <input type="checkbox"/> Personal history of heart disease | <input type="checkbox"/> Smoking                            |
| <input type="checkbox"/> Abnormal EKG history              | <input type="checkbox"/> Blood Pressure                     |
| <input type="checkbox"/> Age                               | <input type="checkbox"/> Stressful behavior characteristics |
| <input type="checkbox"/> Triglycerides                     | <input type="checkbox"/> Sedentary lifestyle                |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Cholesterol                        |
| <input type="checkbox"/> Other                             |   |

I am requesting your written clearance prior to exercise participation and/or fitness testing. It is understood that this opinion constitutes no legal accountability. I realize the clearance is based on the necessary evaluation by my physician to ensure that I am in good enough health to participate in an exercise program. However, the choice to exercise ultimately rests with me and I accept full responsibility.

**Physician: Please advise by choosing one of the following guidelines:**

I need to further evaluate my patient before giving a medical clearance. Upon completion of the evaluation, I will provide you with guidelines for establishing an exercise program.

Based on my knowledge of the patient's health status, there are no medical contradictions to prevent him/her from participating in a supervised exercise program and/or fitness testing.

Comments/Limitations: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**Please return to:**

Zest For Life  
2000 Student Recreation Center  
Western Michigan University  
Kalamazoo, MI 49008  
Phone: (269) 387-3543