

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



# IEL PACE Services

## MEDICAL CLEARANCE FOR PARTICIPATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime emergency phone \_\_\_\_\_

Gender:  Male  Female Age \_\_\_\_\_ Doctor's name \_\_\_\_\_

Class location \_\_\_\_\_ Instructor \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Exercise habits: How often? \_\_\_\_\_ When started? \_\_\_\_\_

Student identification number

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### PLEASE READ

**WARNING:** While exercise testing and/or exercise participation is relatively safe for most apparently healthy individuals under the age of 45, the reaction of the cardiovascular system to increased levels of physical activity cannot always be totally predicted. Consequently, there is a small but real risk of certain changes occurring during exercise testing and/or participation. Some of these changes may include abnormal blood pressure, irregular heart rhythm, fainting, in rare instances heart attack or cardiac arrest, as well as certain orthopedic condi-

tions including sprains, strains, fractures and/or dislocations. Therefore, it is imperative that you provide honest answers to this questionnaire. Exercise may not be advisable under some of the conditions listed below, while others may simply require special consideration. **If any of the conditions apply, you should consult your physician before you participate in an exercise program.** You should also promptly report to your instructor any exercise-related abnormalities that you may experience during the course of the quarter.

This questionnaire has been designed to identify that small number of individuals who should seek medical advice concerning the extent and activity most suitable for them. **Please answer the following questions:**

YES	NO	
		Down syndrome— <b>IF YES*, SEE FOOTNOTE AT BOTTOM OF PAGE.</b>
		Has your doctor ever said you have heart trouble?
		Have you frequently had pains in your heart and/or chest within the past year?
		Have you often felt faint or had spells of severe dizziness within the past year?
		Has your doctor ever said your blood pressure was too high?
		Has your doctor told you that you have a bone or joint problem that has been aggravated by exercise or might be made worse with exercise?
		Are you over age 65 and not accustomed to vigorous exercise?
		Are you using any drugs that might alter your response to exercise (e.g., raise or lower heart rate)?
		Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to (e.g., back problems, chronic illnesses, history of lung problems, diabetes, pregnancy)?

**If you answered "YES" to one or more questions:**

In order to participate in this activity class, you must fill out the Medical Clearance Form. A signature will be required from your physician clearing you for this exercise/activity class.

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

**If you answered "NO" to all questions:**

You have reasonable assurance of your suitability for participation in this activity or class. Sign this form and return it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* **NOTICE TO PROVIDER/PHYSICIAN:** If the student has Down syndrome, a full radiological examination establishing the absence of Atlanto-axial instability is required before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: fast fitness, swimming, track and field, and aerobics.

If the student has Down syndrome and is participating in any of these classes, they must have proof of examination from their physician on file in the PACE office.