

## ePARmed-X+ Physician Clearance Follow-Up

This form is separated into three main sections:

- A) Background information regarding the PAR-Q+ and ePARmed-X+ clearance process,
- B) A brief history and demographic information regarding the participant, and
- C) The physician's recommendations regarding the participant becoming more physically active.

At the end of this process, the participant is recommended to take this signed clearance form to a qualified exercise professional or other healthcare professional (as recommended in the ePARmed-X+) before becoming more physically active or engaging in a fitness appraisal.

### **A BACKGROUND INFORMATION REGARDING THE PAR-Q+ AND ePARMed-X+ CLEARANCE PROCESS**

The ePARmed-X+ is an easy to follow interactive program ([www.eparmedx.com](http://www.eparmedx.com)) that can be used to determine an individual's readiness for increased physical activity participation or a fitness appraisal. The ePARmed-X+ supplements the paper and online versions of the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+).

Individuals who use the ePARmed-X+ have had a positive response to the PAR-Q+, or have been directed to the online program by a qualified exercise professional or another healthcare professional, owing to his/her current medical condition. At the end of the ePARmed-X+, it is possible that the participant is advised to consult a physician to discuss the various options regarding becoming more physically active. In this instance, the participant will be required to receive medical clearance for physical activity from a physician. Until this medical clearance is received, the participant is restricted to low intensity physical activity participation.

This document serves to assist both the participant and physician in the physical activity clearance process.

### **B PERSONAL INFORMATION**

NAME: \_\_\_\_\_

SEX:  M or  F

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BIRTHDATE (mm/dd/yy): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HEALTH/MEDICAL NUMBER: \_\_\_\_\_

#### **REASON FOR REFERRAL (SELECT ALL THAT APPLY):**

- QUALIFIED EXERCISE PROFESSIONAL REFERRAL
- HEALTH CARE PROFESSIONAL REFERRAL
- ePARmed-X+ RECOMMENDATION

## C ePARmed-X+ PHYSICAL ACTIVITY READINESS PHYSICIAN REFERRAL FORM

Based on the current review of the health status of \_\_\_\_\_(name)  
I recommend the following course of action (SELECT ONE):

- The participant should avoid engaging in physical activity at this time.
- The participant should engage in only a medically supervised physical activity/exercise program involving the supervision of a qualified exercise professional (or other appropriately trained health care professional) and overseen by a physician.
- The participant is cleared for intensity and mode appropriate physical activity/exercise training under the supervision of a qualified exercise professional.
- The participant is cleared for intensity and mode appropriate physical activity/exercise training with limited supervision (i.e., unrestricted physical activity).

The following precautions should be taken when prescribing exercise for the aforementioned participant:

- With the avoidance of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- With the inclusion of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Date of Medical Clearance (mm/dd/yy): \_\_\_\_\_

**PHYSICIAN/CLINIC STAMP AND SIGNATURE**

NOTE: This physical activity/exercise clearance is valid for a period of six months from the date it is completed and becomes invalid if the medical condition of the above-named participant changes/worsens.