



**Department of Recreation & Parks  
Howard County, Maryland**

**Medical Clearance Form**

Participant: \_\_\_\_\_ Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ The client may fully take part in a physical fitness program including aerobic, muscular strength and flexibility training without restriction.

\_\_\_\_\_ The client may take part in a physical fitness program as described above with the following recommended restrictions (please briefly note any specific concerns or precautions you advise):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Person to Contact In An Emergency:**

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

**Relation:** \_\_\_\_\_

**Phone Number 1:** \_\_\_\_\_

**Phone Number 2:** \_\_\_\_\_