



**Dear Attending Physician,**

**Patient Name:**

**Date Of Birth:**

Your patient has signed up to participate in a service with Tall Tree Health involving physically strenuous exercise (e.g., physical exertion on a treadmill or stationary bike to determine cardiovascular fitness). Testing is completed by a trained exercise professional or regulated health professional (e.g., kinesiologist, physiotherapist, occupational therapist), and your patient's participation is entirely voluntary. Patient heart rate is monitored during the evaluation and patients are advised to stop if they do not feel safe or capable of completing physically strenuous exercise.

Your patient's responses to the **Canadian Society for Exercise Physiology Get Active Questionnaire** indicated consultation with their healthcare provider prior to participation in physical exercise. Can you please advise if your patient is medically cleared to participate in services at Tall Tree Health involving physically strenuous exercise?

Please check an option below and your patient will return this form to us.

**DOCTOR ENDORSEMENT:**

- Yes**, this patient is cleared to participate in physically strenuous exercise with a Tall Tree Health professional as described above.
- No**, this patient is NOT medically cleared to participate in physically strenuous exercise at this time.

**COMMENTS** *(if applicable):*

**DOCTOR SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_