

Medical Clearance Form

Dear Physician/Medical Professional,

The attached individual/s wish to engage in the Specialized Tactical Athlete Performance Program (S.T.A.P.P.) offered by the Strength and Conditioning coach staff. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program that will increase in duration and intensity over time. The fitness assessment may include a submaximal cardiovascular fitness test and measurement of body composition, flexibility, and muscular endurance.

Soldiers who are fit for participation will, at a minimum, meet those requirements set by the United States Army in declaring a Soldier "Fit for Duty"

Soldiers will need to be cleared by medical staff according to the following standard:

1. Soldier is free from any conditions that prevent them from participating in regular high intensity exercise, maximal efforts, or high stress situations. Conditions include but are not limited to:
 - a. Heart Conditions
 - b. Musculoskeletal Injury
 - c. Respiratory Conditions
 - d. Pregnancy
2. If soldier is "Fit for Duty" but meets any of the following conditions, please state the specific condition, or provide relevant information.
 - a. Insulin dependent diabetic.
 - b. Asthmatic
 - c. Taking medication such as statins which could affect participation in program, or recovery from exercise.
3. If soldier is on profile, copies of the profile need to be supported.

Physician's Clearance

Please check one and explain if necessary:

<input type="checkbox"/>	I am not aware of any contraindications toward participation in a fitness program, and hereby release the individual for physical activity.
<input type="checkbox"/>	I consent to my clients wishes to engage in a fitness program with recommendations/restrictions.(Please indicate Below)
<input type="checkbox"/>	I DO NOT consent in my clients wishes to engage in a fitness program for the reason :

Recommendations/ restrictions:

_____.

Physician Signature

_____.

Office Location

_____.

Date

_____.

Office Phone