

medical clearance form

It is a requirement before commencement for Evolution to Wellbeing to be aware of any medical history which may affect your wellbeing and participation in the program. Please complete this form with the names & phone numbers of any relevant professionals.

Surname:	First name:	D.O.B:
Spouse/partner:		D.O.B:
Emergency contact		ph:
General practitioner:		ph:
Specialist:		ph:
Physiotherapist:		ph:
Nutritionist:		ph:
Other:		Blood type (if known):

Have you ever suffered from or have:

Symptom	Yes	No	Brief explanation
High Blood Pressure >140/90			
High Cholesterol/triglycerides			
Arthritis			
Any heart/stroke condition			
Asthma			
Diabetes			
Stomach/Duodenal Ulcer			
Liver/Kidney Condition			

Have you had any previous injuries?
Brief explanation

Have you had any surgeries? Brief
explanation

Are you pregnant? ☐ Yes ☐ No

How many weeks? _____

Are you on prescribed medication?

Although every effort is made to ensure the best health and safety practices are met in all activities, Evolution to Wellbeing do not accept any responsibility resulting in loss or injury to persons in the program.

I understand that I am responsible for my own participation in any activities undergone in Evolution to Wellbeing classes or associated classes. I have answered all questions regarding any medical history and recent medical treatments received by me and will continue to inform Evolution to Wellbeing any information which will affect my health and wellbeing in regard to my participation in any program.

Signed:	Date:
(Client)	(Print Name)
Witness:	Date:
(Signature)	(Print Name)



The information obtained will be treated as confidential and will not be released or revealed to any person unless authorised.