



Medical Clearance Form
(To be completed by Physician)

Patient Name: _____ Date: _____

Diagnosis: _____

Recent Bone Density Study Results: (required if in a wheelchair > 1 year):

As a client at Ability Fitness Center, patient is able to participate in all of the following activities:

- | | | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|-----------------------------------|--------------------------|
| Strengthening/ROM | <input type="checkbox"/> | Neuro Re-education | <input type="checkbox"/> | Loading/Weight Bearing Activities | <input type="checkbox"/> |
| FES bike | <input type="checkbox"/> | Balance training | <input type="checkbox"/> | Whole Body Vibration | <input type="checkbox"/> |
| Standing frame/glider | <input type="checkbox"/> | Gait training | <input type="checkbox"/> | Functional Electrical Stimulation | <input type="checkbox"/> |
| Neuromuscular E-Stim | <input type="checkbox"/> | Total Body fitness | <input type="checkbox"/> | Manual Therapy | <input type="checkbox"/> |
| Functional Training | <input type="checkbox"/> | Aerobic conditioning | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |

Ability Fitness Center provides an aggressive activity-based recovery program to optimize function, health, and independence for individuals with neurological disorders. Medical Release is required to ensure the safety and well-being of each participant.

Special Instructions/precautions: _____

Physician Name (please print): _____

Phone: _____

Physician Signature: _____

Date: _____

Please return this form to:
Ability Fitness Center
585 Catoctin Circle NE, Leesburg, VA 20176
Phone: 571-439-1520 Fax: 703-777-1935