



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