



Physical Activity Clearance Form Physical Activity Leaders Network

Dear _____

I, _____ am intending to join a/an _____

Physical Activity class in _____ (town).

The intensity of the activities in the class is light to moderate.

The classes are _____ minutes in length and I will be attending _____ class/classes every _____ (week/s).

I have been asked by the class leader to seek your guidance on my participation in the physical activity class. I have completed the nationally recognised Pre-Exercise Assessment (attached) and identified that I have a health condition/s that may affect my ability to participate in exercise class.

I would appreciate if you would assess my condition/s and indicate your recommendations about my participation in this class. Please note them in the section below. I will return the form to the class leader.

I _____ advise that

Mr/Mrs/Ms

should take part in the Physical Activity class with the following recommendations:

should not take part in the above Physical Activity class.

GP Signature _____ Date _____

If you would like any further information about the class, please contact the class leader.

Physical Activity Leader's Details

Name:

Phone Number: