

ROBERT KAHLER CYCLING ACADEMY

Cycling Development & Torture Clinics
Santiago Cycling, Inc.
115 N. Prospect
Tustin, CA 92780
(714) 544-6091

MEDICAL CLEARANCE

Required for all new clinic members over the age of 35

You are required to get a physical examination by a physician prior to participating in any exercise program if deemed necessary by physician.

Physician's Approval:

I give medical approval to the person named below to participate in the fitness assessment and exercise program which will include progressive and intensive exercises (aerobic, anaerobic, flexibility, and resistance training) for conditioning the body. I certify that the person whose name is listed below appears to have no reason why a progressive, intensive, exercise program should not be undertaken with the recommendations I have indicated below. Please contact me if there are any concerns.

I AUTHORIZE THE BELOW NAMED PHYSICIAN TO RELEASE INFORMATION NECESSARY TO THE DEVELOPMENT OF MY FITNESS PROGRAM TO Santiago Cycling, Inc.

NAME OF PATIENT: _____

SIGNATURE OF PATIENT: _____

DATE: _____

NOTE TO THE PHYSICIAN:

If the person named above is taking any form of medication that might affect their response to exercise, please indicate below the type of medication, possible effects and precautions when exercising. Also, state any and all types of exercise that this person named above should not do.

Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____