



Medical Clearance Confirmation

To be completed following medical referral from a RowStrong PAR-Q assessment

CLIENT DETAILS

Full Name

Date of Birth

BACKGROUND

During the completion of your Physical Activity Readiness Questionnaire (PAR-Q), you indicated one or more responses that required you to seek medical advice before commencing an exercise programme with RowStrong. This form confirms that you have since consulted with a qualified medical professional and have received clearance to participate in physical activity.

CONDITION(S) REQUIRING REFERRAL

Please detail below the condition(s) or concern(s) identified in your original PAR-Q that required medical review:

CLIENT DECLARATION

I, the undersigned, confirm that:

1. I previously completed a PAR-Q with RowStrong in which I disclosed one or more health conditions or concerns, as detailed above, that required medical review prior to commencing exercise.
2. I have since consulted with my doctor or a qualified medical professional regarding the condition(s) identified.
3. I have received confirmation that I am medically cleared to participate in physical activity and/or personal training.
4. Where my doctor has provided specific guidance, restrictions, or limitations in relation to my exercise programme, I have communicated these in full to my RowStrong coach, and I understand it is my responsibility to do so.
5. I accept that it is my ongoing responsibility to inform my coach immediately if my health status changes in any way that may affect my ability to exercise safely.



CONDITIONS / RESTRICTIONS COMMUNICATED BY MY DOCTOR

Please detail any specific guidance, restrictions or limitations provided by your doctor (if applicable):

DOCTOR / MEDICAL PROFESSIONAL CONSULTED

Doctor's Name

Practice / Clinic

Date of Consultation

SIGNATURES

Client

Client Signature

Date

Coach / Trainer

Coach / Trainer Signature

Date

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