Medical Clearance for Stress / Fitness Testing

This form must be completed and signed by your Physician and presented to Mount Carmel Occupational Health before you will be permitted to perform testing.

	Please Print:
Physician: Address:	Field/Specialty: Phone: () Fax: ()
	uated the patient listed above and find him/her to be: that apply)
	Medically able to complete the Exercise Stress Test (12 oxygen consumption exercise test)
	Medically able to complete the Fitness Test (sit-ups, sit & reach, one repetition maximum for upper & lower body strength, as body composition)
	Medically unable to participate in either test