

Optional Medical Release

Re: Participation

Dear Medical Professional,

Your patient seeks (optional) medical clearance to participate confidently in Cat Smiley Boot Camp, a residential weight loss program offering monthly packages with full-time immersion in health coaching and fitness activity for obesity recovery. The daily schedule includes fitness education, walking, activity, health management (life coaching, workshops, groceries etc). All participants are selected at similar starting points in their fitness in the group.

If your patient is currently de-conditioned, we would like you to clear them today so that they can test themselves in their best mile time, either on a treadmill or outside. They must complete a 25 minutes mile on flat terrain upon arrival into our care, with their heart rate no higher than 85% when doing so. This can be completed at a slow walking pace but must be completed without pain.

This clearance serves as confirmation that you have noted no medical reason as to why your patient is unable to participate at our fitness program, at time of examination. We will be emphasizing low-impact activity guided by the medical recommendations we ask you to outline in this document.

Thank you.



Fitness Director & Owner/Operator
Cat Smiley Boot Camp Co.
CatSmiley.com

Email: cat@catsmiley.com
Phone: 778-424-0074

Patient Name:



Special Programming

Are there any medical conditions of which we should be aware of, that may require special programming? Please include anything that might impact balance, coordination, fitness progression, special diet.

Cardiac history: does this patient have anything we should know about, when designing and leading their fitness program?

Has this patient had long haul COVID-19 or any other respiratory condition that might impact cardiovascular progression?

Is this patient taking any medication that may impact weight loss, when following our fitness program for weight loss?

Please explain below (use extra sheet as you need).

A large, empty rectangular area with a light gray background, intended for the patient or provider to provide detailed information regarding special programming. It occupies the bottom half of the page.

Patient Name:



Injury history

Please share any recommendations or modification guidelines for our fitness trainers follow when working with your patient, based on current mobility limitations. Include problem, year of onset, left or right, and explanation of your caution or recommendation.

Example: Concussions, Neck Injury, Back Pain, Shoulder, Knee, Ankle, Foot, Lower Leg, Hip, Elbow, Wrist, Arm, Hand, Surgery.

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Patient Name:

Physical Examination



Height

_____ feet _____ inches

Weight

_____ lbs

Patient, please note the time of the day and what you were wearing during weigh in.

Blood Pressure _____

Resting Pulse _____

I have reviewed the above information and clear _____
(patient name) for participation in Cat Smiley Boot Camp.

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Examiners Signature

Please include todays day, and stamp or address/name of medical clinic below.