



**CANADIAN MASTERS WEIGHTLIFTING FEDERATION  
HALTÉROPHILIE CANADIENNE MAÎTRES**

**PHYSICIAN CLEARANCE FOR COMPETITION PARTICIPATION**

This document serves to assist both the participant and physician in determining the preparedness of the participant in the physical activity associated with participating in a weightlifting competition.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_

SEX:     M or  F

ADDRESS: \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**REASON FOR REFERRAL (SELECT ALL THAT APPLY):**

- Qualified Exercise Professional Referral
- Weightlifting Coach Referral
- Health Care Professional Referral
- ePARmed-X and Recommendation
- Representative of the CMWFHCM

Based on the current review of the health status of \_\_\_\_\_ (name) I recommend the following course of action:

- The participant should avoid engaging in this physical activity at this time.
- At this time, the participant should engage in only a medically supervised physical activity/exercise program involving the supervision of a qualified professional (or other appropriately trained health care professional) and overseen by a physician.
- The participant is cleared for intensity and mode appropriate weight training and weightlifting under the supervision of a qualified weightlifting coach.

The following precautions should be taken by the weightlifting coach for this participating athlete:

- Avoidance of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Inclusion of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF PHYSICIAN** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**DATE OF MEDICAL CLEARANCE:** \_\_\_\_\_

NOTE: The **PHYSICIAN CLEARANCE FOR COMPETITION PARTICIPATION** is valid for a period of six months from the date it is completed and becomes invalid if the medical condition of the above-named participant changes/worsens.

<b>PHYSICIAN/CLINIC STAMP AND SIGNATURE</b>
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