

# Milly In Motion, Inc. – Participant Medical Clearance Form

## Participant Information

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Caregiver/Guardian (if applicable): \_\_\_\_\_
- Phone/Email: \_\_\_\_\_

## Program Type (select all that apply):

- Individual Adaptive Training
- Adaptive Group Training

## Program Description (for Medical Provider Review)

Milly In Motion, Inc. provides adaptive fitness training — including individual and group sessions — designed for individuals with cognitive and developmental disabilities. Sessions are led by certified adaptive trainers who modify exercises based on each participant’s abilities, safety needs, and comfort level. Activities may include low-impact strength work, guided movement, balance training, and functional fitness tasks. Trainers do not diagnose or treat medical conditions and will follow all restrictions provided by the participant’s medical provider.

## Medical Clearance

Based on my evaluation of the above-named individual, I recommend the following regarding participation in adaptive fitness training:

### Please select one:

- Cleared for participation with no restrictions
- Cleared with the following restrictions/modifications:
- Not cleared for participation at this time

## Relevant Medical Considerations

(Only complete if applicable)

- Seizure considerations: \_\_\_\_\_
- Mobility or balance concerns: \_\_\_\_\_
- Cardiac or respiratory considerations: \_\_\_\_\_
- Behavioral/sensory considerations: \_\_\_\_\_
- Other notes: \_\_\_\_\_

**Medical Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_