Medical Clearance Form

Patient Information

Name:	Riza Hill
Date of Birth:	January 15, 1980
Gender:	Female
Address:	123 Health Street, Wellness City
Phone Number:	(555) 123-4567
Email:	rizahill@email.com

Emergency Contact

Emergency Contact Name:	James Hill
Relationship to Patient:	Spouse
Phone Number:	(555) 987-6543

Medical History

Primary Care Physician:	Dr. Sarah Johnson
Reason for Medical Clearance:	Pre-surgery clearance for knee replacement

Medical Conditions

List of Current Medications:	Ibuprofen 200mg, twice daily
Allergies:	None
Chronic Illnesses/Conditions:	Osteoarthritis in both knees

Vaccination History

COVID-19 Vaccination Status:	Fully Vaccinated
Other Vaccinations:	Influenza - October 2023

Recent Tests and Screenings

Date of Last Physical Examination:	December 1, 2023
Blood Pressure:	120/80 mmHg
Cholesterol Levels:	LDL: 100 mg/dL, HDL: 50 mg/dL
Blood Sugar Levels:	Fasting: 90 mg/dL, Postprandial: 110 mg/dL
Other Relevant Test Results:	X-ray of knees - December 5, 2023 - indicates severe

Fitness and Activity Level

Physical Activity Level:	Lightly Active
Type of Exercise:	Swimming, gentle stretching exercises

Lifestyle Factors

Smoking Status:	Non-Smoker
Alcohol Consumption:	Occasionally - 1-2 drinks per week
Dietary Restrictions/Preferences:	No dietary restrictions

Additional Notes/Comments:

Patient is mentally prepared for the upcoming knee replacement surgery and has attended pre-surgery counseling sessions.

Consent and Authorization:

I, the undersigned, hereby authorize the release of the information provided above to the relevant healthcare professionals for the purpose of medical clearance. I understand that this information will be used to assess my fitness for the intended knee replacement surgery.

Patient's Signature: RHill **Date:** 03/12/24

Physician's Approval:

I hereby confirm that I have reviewed the patient’s medical history and provide clearance.

Physician's Name (Print): Dr. Sarah Johnson

Signature: SJohnson **Date:** 03/12/24