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	
Name: James Hill	
Relationship to patient: Spouse	**Phone number:** (555) 987-6543
Medical information	
List of current medications (if applicable):	**Allergies (if applicable):**
Ibuprofen 200mg, twice daily	None
Chronic illnesses/conditions (if applicable):	**Other relevant information:**
Osteoarthritis in both knees	Patient's COVID-19 vaccination status is that they are fully vaccinated. They also recieved the influenza vaccine last October 2023.

Physical examination and test results	
Date of last physical examination: December 1, 2024	
Blood pressure: 120/80 mmHg	**Other relevant test results:**
Blood sugar levels: Fasting: 90 mg/dL, Postprandia	X-ray of knees - December 5, 2024 - indicates severeosteoarthritis
Cholesterol levels: LDL: 100 mg/dL, HDL: 50 mg/dL	
Lifestyle factors and fitness/activity level	
Physical activity level:	**Type of exercise:**
Lightly Active	Swimming, gentle stretching exercises
Smoking status (if applicable):	**Alcohol consumption (if applicable):**
Non-Smoker	Occasionally - 1-2 drinks per week
Dietary restrictions/preferences (if applicable):	**Other relevant information:**
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, Riza Hill, 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: Riza Hill **Date:** February 3, 2025

Physician's approval

I hereby confirm that I have reviewed the patient's medical history and provide clearance for knee replacement surgery.

Physician's name: Dr. Sarah Johnson

Signature: Sarah Johnson **Date:** February 3, 2025