



**MEDICAL CLEARANCE TO PARTICIPATE IN THE OVAL PROGRAM**

The OVAL Program provides metabolic fitness testing (SMART Test™) and personalized, dynamic exercise protocols based on an individual’s SMART Test results.

The SMART Test uses capillary blood lactate samples and graded submaximal movements that may progress in intensity over time to determine the optimal exercise protocols for the user. The OVAL dynamic exercise protocols may include sustained submaximal movement over time as well as movement requiring increased effort over short periods (interval training). The dynamic exercise protocols may adapt (progress and regress) to the current fitness level of the user with the goal of maintaining safe and effective fitness training.

You can learn more about the OVAL Program at [www.oval.care](http://www.oval.care).

**MEDICAL PROVIDER’S RECOMMENDATION**

Based on my sufficient knowledge of the health and medical history of

(name) \_\_\_\_\_, he or she is

\_\_\_\_\_ cleared to participate in the OVAL Program with no restrictions.

\_\_\_\_\_ cleared to participate in the OVAL Program with *his or her* adherence to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ not advised to participate in the OVAL Program at this time.

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_

Medical Practice Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**OVAL ASSUMES NO RESPONSIBILITY FOR ENSURING THE PERSON NAMED ABOVE COMPLIES WITH ANY RECOMMENDATIONS OR GUIDANCE PROVIDED BY MEDICAL PROVIDER.**