



IPMBA

International Police Mountain
Bike Association

**INTERNATIONAL POLICE MOUNTAIN BIKE ASSOCIATION
MEDICAL CLEARANCE FORM**

If you answered “Yes” to any of the questions on the GAQ, you must have this form completed prior to enrolling in the IPMBA Conference. If you answered “No” to all of the questions on the GAQ, it is not necessary to return this form.

Re: IPMBA Public Safety Cyclist Training

Dear Medical Professional:

The person you are now seeing would like to participate in on-bike training activities developed by the International Police Mountain Bike Association (IPMBA) and taught by a certified IPMBA Instructor.

Because this person answered “yes” to one or more questions on the Get Active Questionnaire (GAQ), medical clearance is required to participate in the training. Please be aware that IPMBA Courses are physically demanding, requiring an extensive amount of on-bike exercises, in the form of rides (both on- and off-road) and various bike-handling drills. The courses range in duration from three to five days.

Based on this individual's medical history and current medical status, please conduct an appropriate medical screening and indicate below whether in your opinion, he/she is approved to attend this training:

Patient’s Name: _____

Yes, this person has been screened and **is** approved attend the training course.

No, this person has been screened and **is not** approved to attend this training course.

Signature: _____ Date: _____

Name, Printed: _____

Address: _____

Telephone: _____

Please fill out and return immediately to:

IPMBA

Attention: IPMBA Instructor Course

Address: 583 Frederick Road, Suite 5B, Baltimore MD 21228

Phone: 410-744-2400 | FAX: 410-744-5504 | Email: events@ipmba.org

Please send a copy of this completed form to the individual screened. Any questions should be addressed to the above-listed contact person. Thank you for your assistance.