

Academy of Pelvic Health Physical Therapy (“Academy”)
Healthcare Provider Clearance for Course Lab Participation

Course Name		Course Dates & Location	
Participant’s Full Name		Participant’s Email Participant’s Phone Number	

Course Lab Participation Information

The participant named above has informed me that they are registered for an Academy of Pelvic Health Physical Therapy educational event that includes hands-on lab activities. Depending on the course, lab activities may include:

- Observation of examination and treatment techniques
- Physical assessment and movement activities
- External manual therapy techniques
- Internal pelvic floor examination and treatment techniques (intra-vaginal and/or intra-rectal) for select pelvic health courses

Applicable Course (Check the box):

- CAPP-Pelvic Health Level 1 Lab or Combined (lab includes intra-vaginal techniques)
- CAPP-Pelvic Health Level 2 Lab (lab includes intra-vaginal and/or intra-rectal techniques)
- CAPP-OB Antepartum/Postpartum Lab (external; no internal; some hands-on techniques over clothing applicable to pregnant and/or postpartum patients)
- CAPP-OB Intrapartum Lab (external; no internal; some hands-on techniques over clothing applicable to pregnant individuals during the intrapartum period)
- CAPP-Male Pelvic Health Lab (includes intra-rectal techniques)
- Other: _____

Healthcare Provider Clearance

Participant Condition(s) Requiring Clearance: _____

Based on my evaluation of this participant and the information provided to me:

- I have reviewed the lab participation information described above.
- The participant may fully participate in all applicable lab activities.
- The participant may participate with the following restrictions, precautions, or accommodations:

- The participant should not participate in lab activities.

Healthcare Provider Information

Provider Name		Credentials / Profession	
Practice Name		Phone Number	
Provider Signature		Date Signed	

Participant Acknowledgment

I understand that healthcare provider clearance confirms only that I have consulted with a healthcare provider regarding participation in course lab activities. The Academy of Pelvic Health Physical Therapy does not provide medical advice regarding my fitness for participation and does not independently evaluate my medical condition or suitability for participation.

I acknowledge that I am responsible for following all healthcare provider recommendations, participating within my individual limitations, monitoring my own health and safety, and discontinuing participation in any activity that causes pain, discomfort, or concern.

I understand that participation in lab activities is voluntary and that I may decline or discontinue participation in any activity at any time and for any reason. I agree to communicate any relevant concerns, restrictions, limitations, or changes in my health status to the Academy and course faculty, as appropriate, prior to and during the event.

I further attest that all information I have provided to the Academy and my healthcare provider regarding my medical condition(s), health status, limitations, and ability to participate is true, complete, and accurate to the best of my knowledge.

I understand that failure to provide complete and accurate medical disclosures or required healthcare provider clearance documentation may affect my eligibility to participate in course lab activities.

Participant's Signature		Date Signed	
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Submission Instructions

Once completed and signed by both the healthcare provider and participant, this form must be uploaded through the Academy's Medical Disclosures Update Form at least **seven (7) days prior** to the scheduled course:

www.aptapelvichealth.org/update-medical-disclosures

Participants are responsible for ensuring that all required documentation is submitted by the deadline. Failure to submit the completed form may affect participation in course lab activities.

If you have questions regarding this form or experience difficulties with submission, please contact the Academy at:

www.aptapelvichealth.org/contact-us