

Medical Statement Form

Pre-Surgery Clearance

This **medical statement form** sample is designed to facilitate pre-surgery clearance by providing a comprehensive overview of a patient's health status. It ensures that all necessary medical information is accurately documented to support safe surgical procedures. Utilizing this template helps streamline the clearance process for both medical professionals and patients.

Patient Information

Full Name:

Date of Birth:

Gender:

Select

Contact Number:

Address:

Surgical Procedure Details

Proposed Surgery/Procedure:

Scheduled Date:

Referring Surgeon/Physician:

Medical History Overview

Condition	Yes/No	Details (if Yes)
Hypertension	<div>Yes</div>	
Diabetes	<div>Yes</div>	
Heart Disease	<div>Yes</div>	
Respiratory Issues	<div>Yes</div>	
Bleeding Disorders	<div>Yes</div>	
Allergies (Incl. Medications)	<div>Yes</div>	
Other Significant Conditions	<div>Yes</div>	

Current Medications

Medication Name	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Recent Clinical Findings / Labs

Please attach or summarize relevant laboratory and diagnostic results (e.g., CBC, EKG, Chest X-Ray, etc.):

Physical Examination

Vital Signs (BP, HR, Temp, RR, SpO2):

Remarks / Notable Exam Findings:

Medical Clearance Statement

☐

The above-named patient is medically cleared for the proposed surgery.

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The above-named patient is not cleared for surgery at this time. (Specify reasons/requirements for clearance.)

If not cleared, please specify:

Examining Physician Name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>