

Medical Clearance Form for Participation in Fitness Classes

Dear Doctor:

Your patient _____ wishes to start an exercise program through the Fitness Class Program with Bowling Green State University. The exercise program may include strength training, cardiovascular exercises, and flexibility. After completing a readiness questionnaire and a health history form, your patient has provided us with information regarding medical conditions and/or medications, which may limit and/or restrict her/his use of our facility.

By completing this form below, you are not assuming any responsibility for how your patient uses the facility. If you know of any medical or other reasons why using the cardiovascular or strength equipment by your patient would be unwise, please indicate so on this form. If you would restrict the member from certain pieces of equipment, please indicate that as well.

If you have any questions, call Karyn Smith, Health Educator, at 419.372.9309.

Patient's Consent and Authorization

Participant's Signature:	Date:
Instructor's Signature:	Date:

Physician's Recommendations

	I am not aware of any contradictions toward participation in a fitness program.
	I believe the applicant can participate, but urge cation because:
	The applicant should not engage in the following activities:
	I recommend the applicant not participate in the above fitness program.
Additional Comments:	

Participant's Signature:		Date:
Physician's Name (print):	Phone:	Fax:
Address:	City:	State and Zip:

Submit completed form to Karyn Smith, Health Educator via one of these methods:
Email: karync@bgsu.edu | Fax: 419.372.8454 | Mail: BGSU Student Recreation Center