

VSU CAMPUS REC

FITNESS & WELLNESS

Physician's Statement and Clearance Form

At Campus Recreation, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine and the International Health, Racquet and Sportsclub Association.

On the Health History Questionnaire you just completed, you identified that you have one or more coronary and/or other medical risk factors which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin exercising at Campus Recreation.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience at Campus Recreation to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/ she may be able to complete his form and fax it right back to us. In many case the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at Valdosta State University Campus Recreation. All information will be kept confidential.

Patient's signature _____ **Date** _____

Information requested for _____ Reason for medical clearance _____

Physician's name _____ Phone _____ Fax _____

Address _____

FOR PHYSICIAN USE ONLY

Please check one of the following statements:

I concur with my patient's participation with no restrictions.

I concur with my patient's participation in an exercise program if he/she restricts activities to:

I do not concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to join Campus Recreation

Reason _____

Physician's name (type or print) _____

Physician's Signature _____ Date _____

Please return fax to:

Associate Director of Fitness, Shawn Phippen

Phone: 229-333-5898 Fax: 229-259-5088