



Permission for Physician's Statement and Exercise Clearance

At the O'Connor Recreation Center, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine. On the health history questionnaire you completed, you identified that you have one or more medical risk factors that may impair your ability to exercise safely. For this reason, you need to have a physician complete and return our medical clearance form before you can take part in our personal fitness training program at the O'Connor Recreation Center.

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 the O'Connor Recreation Center 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 this form and fax it right back to us. In many cases 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 the O'Connor Recreation Center. All information will be kept confidential.

Physician's name _____

Phone _____ Fax _____

Address _____

Information requested for _____

Patient's signature _____

Date _____

Reasons for medical clearance: