

Medical Clearance and Physician's Consent to Participate in Fitness Assessment and Exercise Program

To: Lauren Mangili, Director
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My patient, _____, has advised me that she/he intends to participate in an exercise program/assessment that includes, but will not be limited to, stretching, cardiovascular activity, as well as resistance training at the University of North Carolina at Chapel Hill Student Recreation Center/Rams Head Recreation Center.

Please be advised that my patient, _____, should be subject to the following restrictions in a fitness assessment and/or in her/his exercise program:

In addition, under no circumstances should she/he do the following:

I have discussed the foregoing restrictions and limitations with my patient, _____, and with these specific restrictions, she/he has my permission to participate in a fitness assessment and pursue an exercise program.

_____, M.D.
(Please print name here)

Phone Number: _____

Physician Signature

Date

