UNC MEDICAL CLEARANCE & REFERRALS

Student Name____________________________________  PID__________________________
Email Address___________________________________  Phone Number__________________

REFERRALS

FROM:                           TO:
☐ CHS Medical Provider       ☐ CHS Medical Provider
☐ Carolina Fitness           ☐ Carolina Fitness
☐ Nutrition                   ☐ Nutrition

Reason:
______________________________________________________________________________
______________________________________________________________________________

Provider Name/Number for Questions: ________________________________
Date:  ______________

Please call Central Appointments at 966-2281 to schedule a Medical or Nutrition appointment. For Carolina Fitness appointments, visit campusrec.unc.edu to complete a registration form. If you are referred to Carolina Fitness by a CHS Medical Provider, complete the registration form and hand-deliver with your Medical Clearance to 101 SRC to schedule an appointment.

MEDICAL CLEARANCE

Is this patient cleared to participate in a fitness program?

☐ YES, Without Limitations
   Start Date: ______________

☐ YES, With Permanent/Temporary (circle one) Limitations
   Describe Limitations: _________________________Clearance Start Date: ______________

☐ NO

Reevaluation recommended? YES/NO
Date, if applicable: ______________

Provider Signature: ________________________________ Date: ______________

______________________________________________________________________________

Campus Health Services  Campus Recreation
James A. Taylor Building  Carolina Fitness
919.966.2281  919.843.6785
campushealth.unc.edu  campusrec.unc.edu