

UNC MEDICAL CLEARANCE & REFERRALS

Student Name _____ PID _____
Email Address _____ Phone Number _____

REFERRALS

FROM:

- CHS Medical Provider
- Carolina Fitness
- Nutrition

TO:

- CHS Medical Provider
- Carolina Fitness
- 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
James A. Taylor Building
919.966.2281
campushealth.unc.edu

Campus Recreation
Carolina Fitness
919.843.6785
campusrec.unc.edu