

Medical Clearance Form

Dear Physician:

Date ___/___/_____

Your patient, _____, has applied to participate in one-on-one personal training with the University of Tennessee Student Recreation Center for Students, which requires your medical clearance 1) due to the "yes" response(s) on the Health History/Physical Activity Questionnaire and/or 2) the individual is over 40 years of age and has not been involved in an exercise program on a regular basis.

Your patient will be involved in an exercise program that will be based on the ACSM's standards for exercise. He/She will be participating in cardiovascular exercise, strength training, and flexibility during their exercise appointments.

Please indicate below if you approve of your patient's participation in our one-on-one personal training program. Thank you.

___ I know of no reason why the applicant may not participate.

___ I believe the applicant can participate, but I urge caution because

___ The applicant should not engage in the following activities

___ I recommend that the applicant NOT participate

Physician signature _____

Physician Name Printed _____

Date ___/___/_____

Address _____

Phone (___) ___ - _____

Please Mail Back to:

2111 Volunteer Blvd.
University of Tennessee
Knoxville, TN 37966
ATTN: Tee Ezell,
Rec Sports Fitness Director

OR Fax to:

(865) 974-3477
ATTN: Tee Ezell,
Rec Sports Fitness Director

TENNESSEE

RecSports 

<http://recsports.utk.edu>