

# 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