



UNIVERSITY OF OREGON

PHYSICIAN'S STATEMENT AND CLEARANCE FORM

University of Oregon – Fitness Services

At the Student Recreation Center (SRC), your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine.

On the Physical Activity Readiness Questionnaire (PAR-Q) or health screening you just completed, you identified that you have one or more coronary and/or other medical risk factors which may impair your ability to exercise safely. For this reason, you need to have your physician complete and return this medical clearance form before you can participate in our program.

We recognize that you are eager start your fitness program and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your experience at the SRC to be as safe as possible. In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, s/he may be able to complete the form and fax it right back to us. In many cases, the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at the University of Oregon Student Recreation Center. All information will be kept confidential.

Patient's signature _____ Date _____

Information requested for _____ (please clearly print your name)

Reason for requesting medical clearance _____

Physician's name _____ Phone _____ Fax _____

Address _____

FOR PHYSICIAN'S USE ONLY

Please check one of the following statements:

- I concur with my patient's participation in an exercise program with no restrictions.
- I concur with my patient's participation in an exercise program if s/he restricts activity to:

- I do not concur with my patient's participation in an exercise program (If this box is checked your patient will not be allowed to participate).

Reason _____

Physician's name (type or print) _____

Physician's signature _____

Date _____

Please return or fax to:

Assistant Director of Fitness

Fax # (541) 346-1359

Department of Physical Education and Recreation

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