

Physician's Statement and Clearance Form
Recreational Sports
Loyola College in Maryland

At Loyola College and the Department of Recreational Sports, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine and the International Health, Racquet and Sportsclub Association.

On the Health History Questionnaire you just completed, you identified that you have one or more coronary and/or medical risk factors which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin participating in the comprehensive assessment and/or personal training programs at the Fitness and Aquatics Center.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. Please keep in mind that we want your exercise experience at the Fitness and Aquatic Center to be as safe as possible. To expedite this process you may fax this form to your doctor. If your doctor is aware of your current medical history, he/she may be able to complete this form and fax it to us. We appreciate your patience and understanding as we strive to assist you in reaching all of your health and fitness goals.

Patient's Name (Please Print) _____

Phone: _____

Patient's Signature: _____

Date: _____

For Physician Use Only

Please check one of the following statements:

_____ I concur with my patient's participation with no restrictions.

_____ I concur with my patient's participation in an exercise program if he/she restricts activities to:

_____ I do not concur with my patient's participation in an exercise program.

(If checked, the individual will not be allowed to receive a Fitness Program at the Fitness & Aquatic Center.

Reason(s): _____

Patient's Name: _____ has medical approval to participate in fitness programs and in the use of exercise equipment at various sites, including home or office, which may be provided by and/or recommended by The Loyola College Fitness Program.

Physician's Name (Please Print)

Date

Physician's Signature

Street Address

City

State

Zip

Phone

Please return or fax to:
Loyola College Department of Recreational Sports
Attn: Amy Price, Fitness Program Coordinator
Phone: (410) 617-5425 Fax: (410) 617-5321