

Personal Trainer Medical Clearance



Please fill out and return this form to the ASRFC in person, mail, or fax.
Address : Ben Saathoff, Room 103, ASRFC 1740 Watkins Center Drive Lawrence, Kansas 66045
Fax: (785) 864-5228

To Dr. _____

_____ has expressed an interest in starting an exercise program through the Personal Training program within Recreation Services at the University of Kansas. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goal and fitness level. Fitness assessments will also be conducted periodically to determine progression. These assessments may include sub-maximal aerobic test, body composition analysis, flexibility, and strength. Qualified personal will administer all fitness assessments and make the exercise recommendations.

If you have any questions about the assessment or exercise recommendations please contact Ben Saathoff, Assistant Director, Fitness / Wellness at (785)864-1822.

Report of Physician :

I know of no reason why the client may not participate.

I believe the client can participate, but I urge caution because: _____

The client should not engage in the following activities: _____

I recommended that the client not participate.

Physician Signature: _____

Date: _____

Address: _____

Phone: _____

Additional Comments: _____

For Office Use Only : Date _____ Received By _____