

## Medical Clearance and Physician's Consent to Participate in Fitness Assessment and Exercise Program

To: Lauren Mangili, Director  
Carolina Fitness  
CB #8610  
Chapel Hill, NC 27599  
(919)962-7348  
(919)962-3621 fax

My patient, \_\_\_\_\_, has advised me that she/he intends to participate in an exercise program/assessment that includes, but will not be limited to, stretching, cardiovascular activity, as well as resistance training at the University of North Carolina at Chapel Hill Student Recreation Center/Rams Head Recreation Center.

Please be advised that my patient, \_\_\_\_\_, should be subject to the following restrictions in a fitness assessment and/or in her/his exercise program:

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In addition, under no circumstances should she/he do the following:

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I have discussed the foregoing restrictions and limitations with my patient, \_\_\_\_\_, and with these specific restrictions, she/he has my permission to participate in a fitness assessment and pursue an exercise program.

\_\_\_\_\_, M.D.      Phone Number: \_\_\_\_\_  
(Please print name here)

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Date*

