

MEDICAL RELEASE

Your physician only needs to complete this form IF you answered YES to any questions on the PAR-Q Form

Date _____

Dear Dr. _____

Your patient _____ is interested in taking part in the University of Massachusetts Amherst Campus Recreation Personal Training Program. The pre-screening process will involve testing of body composition, cardiovascular endurance, muscular endurance, muscular strength, and flexibility. All assessments will be administered by a certified personal trainer, qualified in assessment techniques, First Aid, CPR and AED.

Your patient has completed a physical activity readiness questionnaire and has demonstrated concern for medical clearance. By completing this form you are signifying that there are no medical reasons which preclude your patient from participating in the University of Massachusetts Amherst Campus Recreation Personal Training Program.

Please complete the following:

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on exercise capacity or heart-rate response)

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: _____

_____ The applicant has my approval to begin an exercise program with the recommendations or restrictions stated above.

_____ I would NOT RECOMMEND that the applicant participate in an exercise program at this time.

Physician's Signature: _____ Date: _____ Phone: _____

Client's Printed Name: _____

Thank You for taking the time to complete this form