CSU | REC

Be active. Be well.

Medical Clearance

*Please make sure to print clearly

Dear Dr. _____,

_____ is interested in starting an exercise program. Exercise programs typically involve all components of physical fitness including: cardio respiratory exercise, flexibility and strength training.

The participant has completed a health history form and/or alerted us to an existing medical condition. Due to this condition we are asking them to have this medical clearance form completed by their physician. By completing this form you are not assuming any responsibility for our training program. If, however, you know of any reason why the participant should not undertake a basic fitness program, we would be grateful if you indicate the reason below.

Haley Ross
Coordinator - Recreation Programming

University Recreation and Wellbeing| Cleveland State University
2420 Chester Avenue | Cleveland, OH 44115
Phone: 216.802.3255
Email: h.e.ross55@csuohio.edu

Patient:_____

☐ I know of no reason why the applicant may not participate.

☐ I believe the applicant can participate, but I urge caution because:

_____

_____

☐ The applicant should not participate in the following activities: _____

☐ I recommend that the applicant NOT participate.

Signature: _____ Date: _____

Address: _____

_____

Telephone: _____

Please return form via email as indicated above.