

Adelphi University

Physician's Clearance for Physical Activity

(Required for CRS Memberships)

This is for **YOUR PHYSICIAN** to complete

Dear Doctor:

Your patient is interested in recreational, physical fitness activities at Adelphi University and we would like your opinion regarding the relative safety of his/her participation. Minimally supervised activities may include, but are not limited to strength training with resistance equipment, free-weights and the use of aerobic exercise modalities, such as treadmills, stationary bikes, steppers, elliptical trainers, etc. Group exercise classes, lap swimming and the use of an indoor track are also potential alternatives. Opportunities for professionally supervised exercise participation, including a fitness evaluation and individually tailored program and are also available. By completing this form, you are not assuming any responsibility for our exercise and assessment program.

Patient's Name _____ Date _____

Physician's Name (please print) _____

Phone _____ Address _____

Physician's Signature _____

Physician's Office Stamp (Required)

Please Check One:

- My patient should NOT participate in a physical activity program at this time.
- My patient can participate in physical activity with no medical limitations.
- My patient can participate in an exercise program with the following considerations or limitations and should be professionally supervised.
