WIDENER UNIVERSITY

MEDICAL CLEARANCE for: __________________________________________________________

Note To Doctor – This individual would like to participate in an exercise program at Widener University Wellness Center. Since this individual has indicated he/she has a medical condition and/or is taking prescription medication, we require doctor’s clearance and permission prior to program entry. It is the individual’s responsibility to arrange and pay for any necessary charges associated with obtaining this medical clearance, including the cost of a physical exam or other testing. It is your decision whether to administer a graded exercise test (GXT) to your patient to evaluate the patient’s capacity for regular exercise. PLEASE COMPLETE THE SECTION BELOW AND RETURN THE FORM TO THE INDIVIDUAL AT YOUR EARLIEST CONVENIENCE.

PLEASE PROVIDE RECOMMENDATION(S) AS TO WHETHER THIS INDIVIDUAL MAY BEGIN AN EXERCISE PROGRAM

√ Doctor’s Recommendation – Check the appropriate box below and provide any associated information.

☐ This individual may participate without restriction in all Wellness Center activities and exercise programs.

☐ Participation is not recommended at this time.

Physician Information (Please print)

Name: ___________________________________________ Work phone: _______________________
Address: _________________________________________
__________________________________________________________ Official Stamp:

Physician signature: ________________________________ Date: ______________________________

For Wellness Center Office Use Only:

Form Received By: ____________________________ Date Form Received: ____________________