Dear Physician,

Your patient has sought the assistance of the FIU Recreation and Wellness Center for Personal Fitness Training. This involves a variety of activities that stresses the clients cardiorespiratory, nervous and musculoskeletal systems. (For example: biking, jogging, calisthenics, and weight training.) However, he/she is in need of medical clearance based on the \textit{PAR-Q \& You} self-screening questionnaire.

In order to continue our program, our policies require the above named individual receives a physician's clearance. By signing the bottom portion of this document and indicating any limitations based on your patient's health status, he/she can commence the exercise program.

Based upon my review of the health status of \underline{__________________________} (patient name), I, \underline{__________________________} recommend the following:

- \square \text{Unrestricted physical activity based on the American College of Sports Medicine Guidelines - start slowly and build up gradually}

- \square \text{Progressive physical activity:}
  - \square \text{With avoidance of: \underline{__________________________}}
  - \square \text{With inclusion of: \underline{__________________________}}

- \square \text{Only a medically-supervised exercise program until further medical clearance.}

- \square \text{No physical activity}

Additional Recommendations:

\underline{__________________________________________________________________________}

\underline{__________________________________________________________________________}

\underline{__________________________________________________________________________}

Physician Signature/Stamp:

\underline{__________________________________________________________________________}

Physician Phone Number: \underline{__________________________} Date: \underline{__________________________}

Sincerely,

\underline{Sara N. Holtzman}

Coordinator of Fitness \& Programming

Wellness \& Recreation Center

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