



Physician's Statement and Clearance Form

At The University of Texas at San Antonio Campus Recreation Department, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine.

On the Health History Questionnaire you just completed, you identified in Section B that you have one or more coronary and/or other medical risk factors, which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you may begin participating in activities at the UTSA Recreation Center.

We recognize you are eager to start your fitness program, and we sincerely regret any inconvenience this may cause you. However, please keep in mind we want your activities in the UTSA Recreation Center to be as safe as possible.

The Campus Recreation staff offers this form for you to take directly to the physician of your choice. After you have met with your physician and he or she has completed the form, please return it to the Campus Recreation Office Suite, Rec Center Room 2.202.

Banner or Member ID: _____

Patient's Signature: _____ Date: _____

Information requested for participation in:

Strength Training Cardiovascular Training Group Exercise Classes

Flexibility Training Individual Sports Team Sports

Physician's Name: _____ Phone #: _____

Address: _____

FOR PHYSICIAN'S USE ONLY

Please check one of the following statements:

I concur with my patient's participation with no restrictions.

I concur with my patient's participation in an exercise program if he/she restricts activities to:

I do not concur with my patient's participation in an exercise program.

(If checked, the individual will not be allowed to participate.)

Is patient taking any medication that may interfere with the patient's participation in the exercise/training class marked above? Yes No

Remarks: _____

Physician's Signature: _____ Date: _____

To be completed by patient/participant if providing a faxed Physician's statement:

I am providing the UTSA Campus Recreation Center with a faxed copy of the Physician's Statement and Clearance Form. With my signature, I verify that I received it from my physician on _____
Date

Signed: _____ Date: _____

Confidentiality Notice

This document contains confidential information intended only for the use of the Campus Recreation Center and the individual member.

Privacy Statement

You are entitled to be informed about the information UTSA collects about you. Under Sections 552.021 and 552.023 of the Texas Government code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government code, you are entitled to have UTSA correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that UTSA collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.