Medical Clearance Form

Physician Clearance form for participating in fitness program.

Patient Name (Required): _____

Patient Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Patient Birthdate (Required): _____

MEDICAL RECORDS RELEASE AUTHORIZATION

I give permission to release any medical information that may be beneficial for my preparing to participate in an exercise program at Boiling Spring Lakes Parks and Recreation Department.

Patient/Participant Signature & Date (Required): _____

Dear Doctor: During application for enrollment in Boiling Spring Lakes Parks and Recreation Fitness Room and Programs, your patient was required to provide medical information on our registration form. Based on this information your patient will require a physician's clearance form.

The patient's exercise program will take place at the BSL Community Center, Boiling Spring Lakes, NC, and will be administered by qualified personnel trained in conducting exercise programs. However, their use of our Fitness Room will be an independent activity. If you know of any medical, or other reasons why participation by the applicant would be unwise, please indicate so on this form. By completing the form below you are not assuming any responsibility for our administration of the exercise program, or their participation.

Physician Statement (Required - Select at least one option):

- ☐ I know of no reason that the applicant may not participate.
- ☐ The applicant should not engage in the activities defined below.
- ☐ I believe the applicant can participate but should use caution.
- ☐ I recommend the applicant NOT participate in any physical activity program.

Please provide details for any concerns you have about their participation:

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Physician Name (print) (Required): _____

Physician Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Physician's Signature (Required): _____

Date (Required): _____

Please return this completed form to:

BSL Parks & Recreation

Attn: Sara Goodwin

9 E. Boiling Spring Rd

Boiling Spring Lakes, NC 28461

or email to:

sgoodwin@cityofbsl.org