Hilary De Vries  
Assistant Director, Fitness and Wellness  
Boston College Campus Recreation  
Phone: 617-552-6094

Medical Clearance

__________________________________________ is participating in the following services checked below that are offered by Boston College Campus Recreation. Your signature as his or her healthcare provider indicates that your patient is medically cleared to participate in fitness training provided by Boston College Campus Recreation. Without your consent your patient will not be able to participate. Boston College Campus Recreation is not a medically supervised facility and does not provide rehabilitative services as they are beyond our scope of practice.

Medical Reasons for Required Waiver (see checked boxes):

☐ Male over 45 years of age or female over 55 years of age
☐ One or more coronary risk factors
☐ Two or more signs or symptoms of cardiovascular risk
☐ Physical Activity Readiness Questionnaire (PAR-Q) survey results
☐ Other

Specific Services (see checked boxes):

☐ Fitness Assessment: tests to gauge submaximal cardiovascular fitness, muscular strength and endurance, and flexibility.
☐ Personal Training: individuals will work one-on-one with a personal trainer who will establish an exercise program based on the individual's workout history, goals, and physical limitations. The exercise intensity is moderate to vigorous and may focus on areas of cardiovascular, resistance, and flexibility training.
☐ Small Group Training Program

*Please include any other recommendations or restrictions on a separate page.*

___________________________  ______________________  ________________  ______________________
Health Care Provider’s Signature  Date

___________________________  ______________________  ______________________  ________________
Health Care Provider (MD, DO, PA-C, or NP)  Office Phone

To protect your privacy: Please do not fax, mail or email this form. This form must be hand delivered to Member Services in a sealed envelope with your signature across the seal.