

Medical Clearance Form



WELLNESS CENTER
UNIVERSITY OF NORTH DAKOTA

Dear

is interested in taking part in a fitness assessment program that we currently offer. The program involves sub-maximal measurements of cardio-respiratory fitness, body composition, flexibility, and muscular strength and endurance. All assessment protocols will be administered by personnel qualified in assessment techniques and first aid.

The participant has completed a readiness questionnaire which has highlighted the need for medical clearance. By completing this form, you are not assuming any responsibility for our assessment program. If, however, you know of any reason why the participant should not undertake a basic assessment of fitness, we would be most grateful if you could indicate the reason below.

Thank you for your co-operation in this matter.

Patient: _____

_____ I know of no reason why the applicant may not participate

_____ I believe the applicant can participate, but I urge caution because:

_____ The applicant should not engage in the following activities:

_____ I recommend that the applicant NOT participate.

Signature: _____

Address: _____

Telephone: _____