



**PHYSICIAN CONSENT TO PARTICIPATE IN EXERCISE and HEALTH ENHANCEMENT PROGRAMS
AT THE UNIVERSITY CLUB AT THE UNIVERSITY OF PITTSBURGH**

TO:

Physician's Name
Address
City State Zip
()
Telephone Number

MEMBER IS TO RETURN THIS TO:

University Club Fitness Center
University of Pittsburgh

Your patient _____ has asked to participate become a member of the University Club Fitness Center at the University of Pittsburgh. As part of the enrollment process he/she has responded "yes" to at least one or more questions of the Physical Activity Readiness Questionnaire (example is attached), which requires physician clearance prior to allowing him/her to use this fitness facility. This patient will have access to the following equipment and programs through this facility:

1. Cardiovascular training equipment such as treadmills, bicycles, elliptical trainers, etc.
2. Resistance training equipment that includes a circuit of equipment and free weights.
3. Fitness classes that include but are not limited to aerobics, yoga, pilates, and other forms of cardiovascular and strength training activities.
4. Health enhancement classes that may include but are not limited to nutrition education, weight management, etc.

Please indicate below if this program seems appropriate for your patient or if you see any contraindications for her participation (please check the appropriate box below).

- I know of no contraindications to this patient participating in any of the above components of the University Club Fitness Center.
- I feel that participation in physical activity and other health enhancement initiatives available through the University Club Fitness Center would not be appropriate for this patient for the following reason(s):

Signature of Physician

Date