



# University of Wisconsin-Eau Claire

105 Garfield Avenue • P.O. Box 4004 • Eau Claire, WI 54702-4004

## UWEC Community Fitness Program Medical Clearance Form

Dear Dr. \_\_\_\_\_:

Your patient, \_\_\_\_\_ (participant's name), has expressed a desire to voluntarily participate in the UWEC Community Fitness Program. This physical reconditioning program involves progressive exercise which starts out easy, primarily walking at mild intensity. A typical goal is to be able to complete 3 miles continuous walking at a pace designed to achieve a heart rate in the range of 60-70% of predicted maximum. It should be perfectly safe for most healthy people. All exercise sessions will be supervised by qualified personnel trained in conducting such programs.

We have asked that your patient obtain medical clearance from your office before starting this program by simply checking one of the following categories. By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reasons why participation by this person would be unwise, please indicate so on this form.

If you have questions or concerns regarding our program, please feel free to discuss them with the Program Director, Dr. Saori Braun at (715) 836-3774/braunsi@uwec.edu or the Department Chair, Dr. Jeff Janot at (715) 836-3700/janotjm@uwec.edu. Thank you for your assistance.

\_\_\_\_ the applicant should be safe for your program as outlined.

\_\_\_\_ the applicant should be safe to participate, with the following modifications:

\_\_\_\_\_

\_\_\_\_ I recommend that the applicant NOT participate.

\_\_\_\_\_

Physician Name \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

*Excellence. Our measure, our motto, our goal.*

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