



GORDON RECREATION

PHYSICIAN STATEMENT AND CLEARANCE FORM

Gordon College Recreation is concerned with your safety and wellness, and for that reason we comply with the health and fitness standards of the American College of Sports and Medicine (ACSM). These include asking you a series of questions on your Bennett Campus Member Form about your medical and exercise history.

On the Physical Activity Readiness Questionnaire (PAR-Q) on the back of your Bennett Center membership application, you indicated one or more medical risk factors which may impair your ability to exercise safely. For this reason you need to have your physician complete and return this medical clearance form before you undertake any physical activity or participate in any program at the Gordon College Bennett Center.

Please send or fax this form directly to your primary physician and have him or her complete and return this form to the address at the bottom of this page.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff of the Gordon College Bennett Center. All information will be kept confidential.

Patient's name

Patient's signature

Reason for medical clearance request (indicated on Physical Activity Readiness Questionnaire (PAR-Q))

Physician's name

Physician's phone

Physician's fax

Physician's address

FOR PHYSICIAN USE ONLY

Please check one of the following statements and make comments where appropriate:

I concur with my patient's participation with no restrictions.

I concur with my patient's participation in an exercise program with the following restrictions:

I do not concur with my patient's participation in an exercise program.

(If checked, this individual will not be allowed to join the Gordon College Bennett Center)

Reason _____

Physician's signature _____ Date _____

Please return to: **Greg Scruton**

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