



Student Affairs

Wellness and Recreation Center -- MMC

Dear Physician,

Your patient has sought the assistance of the FIU Recreation and Wellness Center for Personal Fitness Training. This involves a variety of activities that stresses the clients cardiorespiratory, nervous and musculoskeletal systems. (For example: biking, jogging, calisthenics, and weight training.) However, he/she is in need of medical clearance based on the *PAR-Q & You* self-screening questionnaire.

In order to continue our program, our policies require the above named individual receives a physician's clearance. By signing the bottom portion of this document and indicating any limitations based on your patient's health status, he/she can commence the exercise program.

Based upon my review of the health status of _____ (patient name),
I, _____ recommend the following:

- ☐ Unrestricted physical activity based on the American College of Sports Medicine Guidelines - start slowly and build up gradually
- ☐ Progressive physical activity:
 - ☐ With avoidance of: _____
 - ☐ With inclusion of: _____
- ☐ Only a medically-supervised exercise program until further medical clearance.
- ☐ No physical activity

Additional Recommendations: _____

Physician Signature/Stamp: _____

Physician Phone Number: _____ Date: _____

Sincerely,
Sara N. Holtzman

Coordinator of Fitness & Programming
Wellness & Recreation Center
Florida International University-MMC
Office: (305)348-6519 Fax: (305)348-1567