



University of Pittsburgh

School of Education
Physical Activity and Weight Management Research Center

Oak Hill Commons
32 Oak Hill Court
Pittsburgh, PA 15261
412-383-4020
Fax: 412-383-4045

PHYSICIAN CONSENT TO PARTICIPATE IN EXERCISE, WELLNESS, HEALTH AND FITNESS PROGRAMS AT THE UNIVERSITY OF PITTSBURGH

TO:

Physician's Name

Address

City State Zip

()

Telephone Number

PARTICIPANT IS TO RETURN THIS TO:

Health and Fitness Programs
Department of Health and Physical Activity
University of Pittsburgh

Your patient _____ (print patient's name) has asked to participate in certain voluntary exercise, wellness, health and fitness programs at the University of Pittsburgh. As part of the enrollment process he/she has responded "yes" to one or more questions of a University Health Information Form (example is attached), which requires physician clearance prior to him/her enrolling in the described programs and/or use a University fitness facility in conjunction with the described programs. This patient may enroll in and/or have access to some or all the following equipment and programs, as a result:

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 is appropriate for your patient, identified above, or if you see any contraindications for his/her participation (*please check the appropriate box below*).

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

Signature of Physician

Date