

# Otselic Valley Central School District

## Fitness Room

### Physician's Medical Clearance Form

Name: \_\_\_\_\_ has requested use of the Otselic Valley Central School District's Fitness room.. A description of the equipment and exercise activities that are available will be described to you by the director of training or other qualified individual and explained to the participant in the orientation session. The District's fitness room is supervised in a general manner by coaches. If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form. If you have any further questions about the facility, its equipment or activities, please call the Otselic Valley Central School District's Office at \_\_\_\_\_.

#### **Physician's Report**

I, \_\_\_\_\_ (physician's name) give my consent for \_\_\_\_\_ (member's name) to use the Otselic Valley Central School District's Fitness Room and participate in its exercise activities.

Specific Recommendations:

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Restrictions:

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Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_