

FITWELL Personalized Services Physician's Release

Dear Doctor:

Your patient _____ wishes to start a personalized training program through the UCLA Recreation Personal Fitness Training Program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the applicant would be unwise, please indicate so on this form.

Report of Physician

**Please check all that apply*

- I know of no reason why the applicant may not participate.
- I believe the applicant can participate, but I urge caution due to the following:
1. Medical Condition _____
 2. Medication _____
 3. Illness _____
 4. Injury _____
 5. Other _____
- The applicant should not engage in the following activities:
- _____
- _____
- I recommend that the applicant **NOT** participate.

Physician Signature: _____

Date: ___/___/___

Print Name: _____

Phone: _____

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251 Charles E Young Dr. West,
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FITWELL Services -JWC
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FITWELL Services -KREC
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