

FITWELL Personalized Services - Physician's Release

*To return your completed form, you may fax, hand deliver to one of our three FITWELL facilities, or email a scanned copy to fitwellpft@recreation.ucla.edu

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: _____

FITWELL Services -BFIT
251 Charles E Young Drive West
(310) 825-3689
(310) 825-5887 (fax)
fitwellpft@recreation.ucla.edu
www.fitwell.recreation.ucla.edu

FITWELL Services -JWC
2131 John Wooden Center
(310) 206-6130
(310) 825-5887 (fax)
fitwellpft@recreation.ucla.edu
www.fitwell.recreation.ucla.edu

FITWELL Services -KREC
11100 Kinross Avenue
(310) 983-3064
(310) 825-5887 (fax)
fitwellpft@recreation.ucla.edu
www.fitwell.recreation.ucla.edu