

Texas Lutheran University

PHYSICAL ACTIVITY CLEARANCE FORM

_____ has expressed interest in utilizing the Dr. Burton Grossman Fitness Center on the campus of Texas Lutheran University. As a preliminary health appraisal the said person has completed a Health History Questionnaire. For liability purposes, it is policy at Texas Lutheran University that all non-student users have on file a signed Physical Activity Clearance Form. Please screen this individual and identify if there are any reasons why they should not participate in an **UNSUPERVISED** exercise program. Please give a full description of any conditions, which we should be aware of, that may limit this individual from participating in moderate to vigorous physical activity. Please understand that the Texas Lutheran University Fitness Center does not employ a medically trained staff nor provide supervision. If you have any questions, please call me, Debbie Roberts, at 830-372-6762.

PHYSICIAN'S FINDINGS	
DATE:	SIGNATURE: