



Medical Waiver

Male participants over 45 years of age and female participants over 55 years of age are required to submit a Medical Waiver signed by their physician before participation in the Recreation Program is allowed. Those with coronary risk factors (smoking; high blood pressure; diabetes; history of heart disease) are required to submit the Medical Waiver signed by their physician regardless of their age.

Note to Physician:

_____ is entering a Personal Training program being offered by the Boston University Department of Physical Education, Recreation, and Dance. Your signature indicates that your patient is medically qualified to participate in our program. Without your consent he/she cannot participate.

Description of the program:

Frequency: _____ Intensity: _____
Duration: _____ Mode: _____

Physician's recommended limitations to heart rate, weight lifted or movement patterns:

Physician's signature

Date

Physician's name (please print) _____

Office phone (_____) _____ - _____

Please bring to the Fitness Department, fax to (617) 353-5147, or scan and email to fitness@bu.edu.

The Medical Waiver is valid for one year from the date that it is signed by the physician. The above procedures are recommended by the American College of Sports Medicine.