



Medical Waiver

If you answered yes to 1 or more of the History and Symptoms OR if you answered yes to 3 or more of the Risk Factors, you are required to submit a **Medical Waiver** signed your physician before participating in a recreational program.

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.