UNIVERSITY of
SOUTH FLORIDA
Student Success
Recreation & Wellness

Physician's Statement and Clearance Form

Your safety is our primary concern. In regards to exercise testing and prescription we follow the standards of the American College of Sports Medicine. On the Health History Questionnaire you completed, you identified that you have coronary and/or medical risk factors that may impair your ability to exercise safely. **For this reason, you must have a physician complete and return this medical clearance form before you begin participating in our swim lesson program in the Campus Recreation Center.**
This form will not be accepted directly from the client.

We recognize that you are ready to get started! In order to complete this process, please fill out the patient information and sign below indicating permission for your physician's office to release information pertaining to your medical record. **All information will be kept confidential**.

Patient's Name (Please Print) _____

Patient's Signature _____

Reason for Medical Clearance _____Swim Lessons _____

Physician's Name _____ Phone _____

Address _____

Fax _____

FOR PHYSICIAN USE ONLY

Please check one of the following statements:

_____ I support my patient's participation in an swim program with no restrictions

_____ I support my patient's participation in an swim program with the following restrictions

_____

_____ I **DO NOT** support my patient's participation in an exercise program at this time
(If checked, the individual will not be allowed to participate in an swim lesson with a Water Safety Instructor)

Comments:

_____

_____

Physician's Name _____

Physician's Signature _____ Date _____

Please return this completed form to Ashley Santurri, Aquatics Coordinator
Email: aeolmsted@usf.edu