

MEDICAL INFORMATION RELEASE FORM

Name: _____

Last name _____

First name _____

Middle initial _____

Address: _____

Address _____

City _____

Province _____

Postal code _____

Phone: _____

The above individual would like to participate in the following:

Recreation Services Membership
 The following Recreation Services program: _____

TO BE COMPLETED BY THE PHYSICIAN:

Fully capable of participating
 Capable of participating to a limited degree within the limitations noted below*
 Not capable of participating presently, but may be considered at a future date
 Not capable of participating

The following PARQ questions were answered POSITIVELY:
 (please circle)

Q1. Heart Condition
 Q2. Chest pain during activity
 Q3: Chest pain during rest
 Q4: Loss of balance, dizziness
 Q5: Bone or joint problem
 Q6: Blood Pressure or heart drugs
 Q7: Other

reason: _____

*Limitations or abnormalities that Recreation Services should be aware of:

Signed: _____ - M.D.

Date: _____

TO BE COMPLETED BY PATIENT:

"I, _____, hereby agree to the release of the above information by my physician. Where my physician has indicated that I am capable of participating to a limited degree, I understand that it is my responsibility to discuss such limitations with my physician and follow my physician's recommendations. The University is not responsible for monitoring my activities."

Signed: _____ Date: _____