



PRINCETON UNIVERSITY
Personal Training

PHYSICIAN'S CLEARANCE FORM

_____ would like to participate voluntarily in personal training in the Stephens Fitness Center at Princeton University. The Stephens Fitness Center is a non-clinical facility in a university setting. All participants in personal training are required to complete a Medical History Questionnaire that's used to identify conditions which may preclude their participation. This includes a brief medical history and list of medications.

Based on the information that was disclosed, _____ has been classified as being at risk for an adverse event and needs to obtain a physician's clearance prior to participation in personal training. Once completed and signed by you, the form should be returned to me.

Please contact me if you have any questions concerning this matter. Thank you.

Matt Brzycki
Assistant Director of Campus Recreation, Fitness
Princeton University
Campus Recreation
Dillon Gymnasium
Stephens Fitness Center
Princeton, New Jersey 08544

609-258-3520
brzycki@princeton.edu

Please check one of the following:

- cleared to participate in personal training
- not cleared to participate in personal training
- cleared to participate in personal training with the following restrictions: _____

Physician's Name (print)

Date

Physician's Signature

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____