Department of Human Movement Sciences
Student Recreation Center, Suite 2006
Norfolk, Virginia 23529-0196
Phone: (757) 683-4995 Fax: (757) 683-4270

- term health care.

To participate in the program, please provide us with a signed copy of the informed consent form and medical history questionnaire that are attached to this letter, and return to the Fore coordinator.

In addition, please fill out the "Participant's Authorization for Release of Medical Information Form", which is the second page in the Physician's Information Packet, and give packet to your physician. You need physician's clearance to participate in the program.

I look forward to working with you. If you have any questions, please email at 683-3133, or the

OLD DOMINION UNIVERSITY

Exercise History

Social Information

Goals and Education

OLD DOMINION
UNIVERSITY
IDEA FUSION

Department of Human Movement Sciences
Student Recreation Center, Suite 2006

Participant's Authorization for Release of Medical Information Form

OLD DOMINION UNIVERSITY

OLD DOMINION UNIVERSITY
WELLNESS INSTITUTE AND RESEARCH CENTER

OLD DOMINION UNIVERSITY

IDEA FUSION

PHYSICIAN'S PERMISSION FORM

PHYSICIAN RECOMMENDATIONS:

3

OLD DOMINION UNIVERSITY

I recommend the applicant not to participate. _____

I know of no reason why the applicant may not participate. _____

I believe the applicant can participate but I urge caution because:

_____

_____

_____

_____

The applicant should not engage in the following activities:

_____

_____

_____

_____

_____

_____

_____