



OLD DOMINION
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**OLD DOMINION UNIVERSITY
WELLNESS INSTITUTE AND RESEARCH CENTER**

INFORMED CONSENT FOR EXERCISE THERAPY



WELLNESS INSTITUTE AND RESEARCH CENTER

Medical History Questionnaire

Directions.

CONFIDENTIAL.

Medical His__ ~~01~~ Tw ~~30~~ Id (T) ~~2~~ (2.3) ~~02~~ ~~02~~ ~~2~~ (EMC / P MCh ~~2~~ Agep: ~~01~~ Tw ~~36~~ ~~8~~ C / TT2 ~~07~~ _____ Td(



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