



ROBERT WOOD JOHNSON
FITNESS & WELLNESS CENTER

PHYSICIAN STATEMENT AND CLEARANCE FORM

Dear Doctor, _____

We are pleased to inform you that your patient _____ has decided to participate in the Robert Wood Johnson Center for Health and Wellness exercise program. We ask that you kindly complete this form and return it at your earliest convenience.

RETURN THIS FORM TO YOUR PATIENT

At Robert Wood Johnson Center for Health and Wellness our member's safety is our primary concern. For that reason, we ask that medical clearance be obtained for anyone 50 years of age or older, under 18 years of age, and anyone with a history of or are currently being treated for any disease, condition, illness or injury that may impair your patient's ability to exercise.

When your patient receives this release it will enable them to begin their exercise program without delay.

We thank you for your input and if you have any questions concerning our program, please do not hesitate to call our Nursing or Fitness department.

- I concur with my patient's participation with no restrictions.
- I concur with my patients participation with the following restrictions:

- I do not concur with my patient's participation in a supervised exercise program (if checked your patient will not be allowed to participate in our fitness program until Cleared by a physician).

Reason _____

Please
Check
✓
One
&
Sign.

PHYSICIANS NAME (PRINT) _____

PHYSICIAN'S SIGNATURE _____

DATE ___/___/___

I hereby give my permission to release any pertinent information from any medical records to the staff of Robert Wood Johnson Center for Health and Wellness.

Member/patient name (print) _____ Phone: _____

Member/patient Signature _____ DOB: ___/___/___

Date ___/___/___

Faxed to: _____ **Phone:** _____ **Date:** _____



**Robert Wood Johnson
Fitness and Wellness Center
3100 Quakerbridge Road
Hamilton Township, NJ 08619**

Please have your physician sign the reverse side and present this form to the membership person to activate your 6 month membership through the Unite for HER Passport.