



Physician's Approval Form

Family Life Center

Phone: 281.586.9797

Fax 281.586.0909

Physician,
Your patient, _____, date of birth ____/____/____, is applying for membership at the Family Life Center at Champion Forest Baptist Church. Based on responses to the Physical activity Readiness Questionnaire (PAR-Q), your patient requires physician's approval before participating in physical activity at the FLC. Please complete this form and either return it to your patient or fax it to 281.586.0909.

If you have any questions, please don't hesitate to call me. Thank you for your cooperation.

Sincerely,

Bev Swanson
Family Life Center Recreation Ministry Director

_____ has medical approval to participate in fitness programs and in the use of exercise equipment at various sites including the FLC, home or office that may be provided and/or recommended by the staff of the Family Life Center. The following restrictions apply:

Physician's Signature: _____ Date ____/____/____

Physician's Name (please print) _____

Address _____

City _____ State _____ Zip Code _____

Contact Phone Number _____

OFFICE USE ONLY
Date (s) faxed: _____
Date received: _____