



Seahawk Fitness
Medical Release

OFFICE
Student Recreation Center
601 S College Rd
Wilmington, NC 28403-5923

Welcome to Personal Training at Campus Recreation

PHONE
910-962-7443

Dear Physician:

FAX
910-962-3757

Your Patient, _____, wishes to start a personalized fitness program with a personal trainer from Campus Recreation at University of North Carolina Wilmington.

EMAIL
2bfit@uncw.edu

The activity will involve but is not limited to: fitness testing (sub maximal cardiorespiratory endurance, body composition, muscular fitness, and flexibility), regular cardiorespiratory activity, and regular resistance training which will elevate his/her heart rate and blood pressure.

WEB
www.uncw.edu/campusrec

If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of medication _____

Effect _____

Please identify any other recommendations or restrictions for your patient in this exercise program:



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Thank you,

Sarah Gilbert
Assistant Director Fitness
Student Recreation Center
601 S College Rd
Wilmington, NC 28403-5923
Phone: 910-962-4168
Fax: 910-962-3757
gliberts@uncw.edu

_____ has my approval to begin an exercise program with the
recommendations or restrictions stated above.

Printed name _____

Signed _____ Date _____ Phone _____