

ANNEX C

PHYSICIAN APPROVAL FORM (T5 & State Employees)

Physician Instructions: Your patient is asking to participate in a voluntary Civilian Fitness and Health Promotion Program. (Ask your patient for a copy of the program guidelines for your information.) Please complete this form and give a copy to your patient:

Patient Name: _____

Participation in the Civilian Fitness and Health Promotion Program is recommended as follows:

Medical approval for full participation-no restrictions/limitations

Medical approval with restrictions/limitations

Not medically cleared

I understand the program may include mild to moderate intensity exercise and is conducted in unsupervised groups or individually. The following restrictions apply: (provide restrictions only if the second option is selected):

Physician's Printed Name: _____

Physician's Signature: _____

Practice/Office Name: _____

Office Telephone Number: _____

Date: _____