

# Physician's Clearance for Adapted Exercise Program

Grossmont College  
8800 Grossmont College Drive  
El Cajon, CA • 92020

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Student's Name

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Date

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Street Address, City and State

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Zip Code

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Telephone Number

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Date of Birth

The student named above has enrolled in an Adapted Exercise Course at Grossmont College. We request this **additional** release of information strictly for planning a safe and effective exercise program for this student. **All information will be kept confidential.** Please return completed form to Kathleen Aylward at the above address or FAX (619) 668-1612.

I hereby give my consent to my medical doctor or other medical practitioner to release relevant medical information to the Adapted Exercise Science Program at Grossmont College.

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Student's Signature

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Date

Please Print:

**Diagnosis/Disability:**

**Prognosis:**

**Limitations:**

**Medications:**

**Recommended or Contraindicated Exercises/Activities:**

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Physician's Signature

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Date

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Physician's Name (Printed)

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Telephone Number