OAKLAND UNIVERSITY
Department of Campus Recreation (DCR) Biggest Loser Program
Physician Clearance Form

_____ has applied for participation in DCR's Biggest Loser Program at Oakland University. In order to apply, he/she must have written consent from you stating that your patient is able to participate without reservations. He/she also must have had a physical examination in the last year.

The program involves activities that will improve cardio-respiratory fitness, body composition, flexibility and muscular strength and endurance, and monitored exercise sessions. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormal blood pressure; fainting; irregular, fast or slow heart rhythm; and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by careful observations during their group personal training sessions.

All assessment protocols/workouts will be administered by personnel qualified in assessment techniques, personal training, CPR/AED and First Aid. All personal trainers possess a personal training certification through a reputable agency and are CPR/AED/First Aid certified through the American Red Cross and/or American Heart Association.

The 12-week program will consist of:

- 4-6 hours of moderate to intense physical activity a week that includes: jumping, running, walking, resistance training, cycling, etc.
- Changes in diet and eating habits
- Pre- and Post- fitness assessments

Please complete the attached form, indicating that your patient can participate in the all of the above and has had a physical examination with you in the last year.

By signing this form, you are not assuming any responsibility for our program. If, however, you know of any reason why the participant should not participate or should have restrictions in the Biggest Loser Program, we would appreciate it if you could indicate the reason below.

Thank you for your cooperation.

PHYSICIAN'S REPORT
This is to certify that my patient, _____,

_____ is capable of participating in the Biggest Loser Program

_____ can participate, but I urge caution because:
_____
_____

_____ can participate but should avoid the following activities:
_____
_____

_____ should NOT participate in the Biggest Loser Program

Physician Signature: _____ Date: _____

Physician's Name (please print): _____

Mailing Address: _____

Phone Number: _____

Thank you,

Rachelle Winkler, Fitness Programs & Services Coordinator
Email: rupascua@oakland.edu Work: (248) 370-4911 Fax: (248) 370-4889