

**Physician Clearance Form: Fitness Instructor**

**Send completed form to:**

Hunter College  
Continuing Education- Fitness Instructor Program  
695 Park Ave, Room E1025  
New York, NY 10065

Date: \_\_\_\_\_

\_\_\_\_\_ is applying for admission into the Continuing Education at Hunter College Fitness Instructor Certification Program. Students in the program must be able to participate in activities, which range from strengthening, and stretching, to aerobic exercise at sustained intervals of 20-30 minutes.

Please check one:

\_\_\_\_\_ I find the applicant physically capable of participating in the program as described here.

\_\_\_\_\_ I find the applicant physically unfit to participate in the program.

\_\_\_\_\_ I find the applicant limited in physical exercise, but this will not prevent him or her from joining the program. The limitations are due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Type or  
Print Physician's Name

\_\_\_\_\_  
Physician's Signature

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_