



# PHYSICIAN'S APPROVAL FORM

This form is required only for members who answered yes to any question on the PAR-Q form or if you are over 70 years of age.

\_\_\_\_\_ has medical approval to participate in fitness programs and in the use of exercise equipment at various sites. The following restrictions apply:

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

Physician Signature \_\_\_\_\_ Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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*Physician's office: please send form to Second Fit, Second Baptist Church, 6400 Woodway, Houston, TX 77057, or fax it to (713) 365-2495. Please direct questions to Lindsay Marsh at (713) 365-2315 or email to [lmash@second.org](mailto:lmash@second.org).*

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