



## CERTIFICATION OF PHYSICIAN

In connection with the use of certain health club facilities at Oak Hill Condominium Association (“OHCA”), Health Club applicants are required to obtain the clearance of his/her physician prior to the use of such facilities. The Health Club facilities consist of: 2 treadmills, 1 upright stationary bike, 1 recumbent stationary bike, 1 arch trainer, 1 elliptical machine, 1 universal weight station, 1 rowing machine, and free weights. The facilities are neither supervised nor monitored.

In connection with the use of such facilities, OCHA would request that the following information be completed:

1. Patient Name: \_\_\_\_\_
2. Date of Exam: \_\_\_\_\_
3. Given the medical condition of the patient (including the use of any prescription medicine), is there any reason that the patient’s use of the Health Club facilities should be limited or prohibited? (Please check one):  
  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. If the response to item 3 was yes, please indicate if the limitation on use of the Health Club facilities is only for a specific period of time and the time period:  
  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
Time Period \_\_\_\_\_
5. If the response to item 3 was yes, please indicate if the patient is limited to use of the facilities subject to the supervision of a personal trainer:  
  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of Health Care Provider:** \_\_\_\_\_

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

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

**Telephone Number:** \_\_\_\_\_