



FITCO Physical Activity Readiness Conveyance/ Referral Form for a Physician

Based upon a review of the FITCO requirements, medical history and current Health Status for: _____(candidate);

I recommend:

- That the individual is medically cleared to participate in the FITCO

- That the individual is not medically cleared to participate in the FITCO at this time.

Date: _____

| | |
|-----------------------|--|
| Physician's Name | |
| Office Stamp | |
| Physician's Signature | |