

Parks, Recreation & Community Services Department
Senior & Social Services Division
4095 Overland Avenue, Culver City, CA 90232
(310) 253-6700

**2012 SENIOR FITNESS ROOM PHYSICIAN'S
AUTHORIZATION FORM**

Dear Dr. _____

Date _____

Your patient _____ has requested to participate in the City of Culver City Senior Center Fitness Room. The Fitness Room allows older adult participants who are in appropriate physical and mental health to use exercise equipment independently unless a caregiver is required. The program utilizes Fitness Room Monitors to educate authorized participants how to properly use equipment. The program is not Physical Therapy Rehabilitation, Personal Training nor do monitors work in that capacity.

The City of Culver City requires all potential participants to complete and submit a signed "Physician's Authorization Form" prior to participating in the Fitness Room. By signing and returning the "Physician's Authorization Form", you are authorizing your patient to actively participate in the Fitness Room.

If you have any questions regarding the Fitness Room, please feel free to call (310) 253-6700.

PLEASE PRINT

Patient: _____

Patient's Date of Birth: _____

In reviewing his/her health history, it is my professional opinion that my client is in appropriate physical and mental health to actively participate in the City of Culver City Senior Center Fitness Room.

Patient Requires Caregiver Yes No

Effective date: _____ to December 31, 2012

Physician Name: _____

Physician License #: _____

Signature: _____ Date: _____

Phone #: _____ Fax #: _____