

**MEDICAL CERTIFICATE FOR PARTICIPATION IN PED 190**

**(RETURN THIS COMPLETED FORM TO THE HEALTH CENTER, CAMPUS CENTER (1C), ROOM 112, BEFORE REGISTERING FOR PED 190)**

Name (Please Print)      Last      First      Emplid#

Address      Apt #      City      State      Zip

Date of birth (MM/DD/YR)      Home Telephone      Cell Phone

**PED 190      FITNESS FOR LIFE**

1. Successful completion of PED 190 fulfills the general education requirement in Physical Education.
2. This course is designed to inform students about current issues and practices in fitness and wellness. It combines theory and practice in lectures and physical activities to enable students to plan for a healthy independent future.
3. Prerequisite: Current medical clearance submitted to the Health Center.

**CHECK APPROPRIATE BOX**

- This certifies that the above-named student is physically qualified to participate in **any** physical activity courses **without exception and without qualification or condition.**
- This certifies that the above-named student is **not** physically qualified to participate in **any** physical activity course. The College's physical education requirements should be waived for this individual.

**DATE:** \_\_\_\_\_

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

**STAMP of Health Care Provider:**