

MARS HILL COLLEGE  
Adult ACCESS  
MEDICAL STATEMENT

All students who enroll in any Physical Education Activity Course must have a medical statement from a physician (preferably family physician) stating that the student is medically able to participate fully in the chosen activity, or indicating any medical limitations or restrictions.

This is to confirm that \_\_\_\_\_ is medically able to participate in physical education activities.  
*Student's Name*

\_\_\_ No restriction \_\_\_\_\_  
Physician

\_\_\_ Restriction \_\_\_\_\_  
Date

Explain Restriction:

The following physical education classes are those normally offered in the curriculum for adults. If restriction is identified above, please check any activity which the student should **avoid**.

ACTIVITY	FITNESS DEMANDS		
	<u>Mild Demand</u>	<u>Moderate Demand</u>	<u>Strenuous Demand</u>
___ Health & Wellness			X
___ Movement and Health Experience in the Elementary School	X		
___ Badminton		X	
___ Volleyball	X		
___ Tennis		X	
___ Swimming	X		
___ Golf	X		
___ Folk/Square Dance/Clogging	X		

Other (please specify)

NOTE: No substitutions are permitted in meeting the course requirements in physical education; however modifications will be made for those students with legitimate medical conditions. If modification is necessary, the student is required to have a recommendation from his/her doctor as well as a follow-up check by a college physician. The initial request should be made through the Student Health Service (828-689-1243), Mars Hill College, Mars Hill, NC 28754. PLEASE RETURN THIS FORM TO YOUR INSTRUCTOR.