



**UofL Campus Health Services Health Promotion in Collaboration with the  
Department of Intramural Sports  
DESCRIPTION OF STUDENT FITNESS ASSESSMENT**

Dear Doctor or Nurse Practitioner:

The student identified on attached Medical Clearance form has applied to participate in the University of Louisville Health Promotion Office U-Fit Assessment Program. **The purpose** of the fitness assessment is to evaluate cardio-respiratory fitness, body composition, flexibility, muscular strength and endurance. The cardio-respiratory test involves a 3-5 minute submaximal step test. Body Composition is measured by use of skinfold calipers or tape measurement. Trunk flexibility is measured using a sit-and-reach test. Muscular strength and endurance is determined by a maximal number of push-ups that can be performed in a row.

There is a risk of certain changes that might occur during the assessment. These changes might include abnormalities of blood pressure and/or heart rate. The testing is supervised by student fit coaches. In addition to your medical approval and recommendations, the participant will sign informed consent forms that explain the risks of fitness assessment and recommended workout participation before the assessment is initiated.

If you have any questions about the Health Promotion Office's fitness assessment program, please contact the Health Promotion Office at 852-6784 or [healthpromo@louisville.edu](mailto:healthpromo@louisville.edu).



**UofL HEALTH PROMOTION and INTRAMURAL SPORTS DEPARTMENT  
MEDICAL CLEARANCE FORM**

Dear Medical Provider:

\_\_\_\_\_ (printed name) has applied for participation in the fitness assessment program at the University of Louisville Intramural Sports Department, in collaboration with Campus Health Services, Health Promotion. The description of the assessment is on the previous page. Qualified personnel, trained in conducting fitness assessments and exercise programs will administer all exercise programs.

By completing the form below, you are not assuming any responsibility for our administration of the fitness assessment and/or exercise programs. If you know of any medical or other reasons why participation in the fitness assessment and/or exercise programs by the applicant would be unwise, please indicate on this form.

**Report of Physician/NP:**

\_\_\_\_\_ The applicant may participate in the fitness assessment program

\_\_\_\_\_ The applicant can participate with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I do NOT recommend the applicant participate.

Physician/NP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/NP Name (print): \_\_\_\_\_

Affiliation/Group \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

\_\_\_\_\_