



**OLD DOMINION**  
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LEARNING A FUSION

Department of Human Movement Sciences  
Student Recreation Center, Suite 2006  
Norfolk, Virginia 23529-0196  
Phone: (757) 683-4995 Fax: (757) 683-4270

term health care.

To participate in the program, please provide us with a signed copy of the informed consent form and medical history questionnaire that are attached to this letter, and return to the Forever Coordinator.

In addition, please fill out the "Participant's Authorization for Release of Medical Information Form", which is the second page in the Physician's Information Packet, and give packet to your physician. You need physician's clearance to participate in the program.

I look forward to working with you. If you have any questions, please call at 6833133, or the Forever FG Graduate Assistant Rylie Hughes at 6836407.

Sincerely,

Leryn Reynolds Ph.D.  
Director, Wellness Institute & Research Center  
Associate Professor, Exercise Science  
Student Recreation Center RM 1006C  
Old Dominion University  
Norfolk, VA 23529-0916  
(757) 683-4974  
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## **OLD DOMINION UNIVERSITY**







## **Exercise History**

## **Social Information**

## **Goals and Education**



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Department of Human Movement Sciences  
Student Recreation Center, Suite 2006



## **Participant's Authorization for Release of Medical Information Form**



**OLD DOMINION UNIVERSITY  
WELLNESS INSTITUTE AND RESEARCH CENTER**

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## PHYSICIAN'S PERMISSION FORM

PHYSICIAN RECOMMENDATIONS:

3



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LEA FUSION

I recommend the applicant not to participate. \_\_\_\_\_

I know of no reason why the applicant may not participate. \_\_\_\_\_

I believe the applicant can participate but I urge caution because:

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The applicant should not engage in the following activities:

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