

Physician's Recommendations on proposed activity

Instruction to applicant: Please print out your proposed activity form from Kualu and give to your personal physician along with this form.

Instruction to Physician: Please review the proposed activities and check off one of the below boxes. Then return directly to the applicant.

Name of applicant: _____

Name of Physician: _____

Contact number: _____

Address of practice: _____

(*Choose one)

	Cleared to participated in proposed research as indicated in application. I am not aware of any contraindications toward participation in the proposed research.
	Cleared with restriction: I believe the applicant can participate in the proposed activities with the following restrictions (e.g. EpiPen, weight restriction)
	Not cleared: I recommend the applicant not participate in the proposed activity.

Notes from Provider: