



OLD DOMINION
UNIVERSITY



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

INFORMED CONSENT FOR EXERCISE THERAPY



WELLNESS INSTITUTE AND RESEARCH CENTER

Medical History Questionnaire

Directions.

CONFIDENTIAL.

Medical His__ ~~MC~~ Tw ~~MC~~ d(T) ~~2~~ (2.3) ~~2~~ ~~2~~ (EMC /P MCh ~~2~~ Agep: ~~0~~ Tw ~~2~~ ~~2~~ ~~2~~ C /TT2 ~~0~~ _____ Td(



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PHYSICIAN'S PERMISSION FORM