



Physician Clearance

_____ is medically cleared to participate
Participants name
in the Aquatic Exercise Program offered at Harnett Health Betsy Johnson.

Physician's Signature: _____ Date: _____

COMMENTS:

PO Box 1706
800 Tilghman Drive
Dunn, NC 28335
P: 910-892-1000
F: 910-891-6027
www.HarnettHealth.org

