DukeMedicine
Health & Fitness Center

Physical Address: 3475 Erwin Road • Durham, NC 27705
Mailing Address: Duke Box 102905 • Durham, NC 27705
Phone: 919-660-6660 • Fax: 919-681-7467

Membership Medical Freeze Request

Please print clearly. Return the completed form to as soon as it is possible to do so. Requests for a Medical Freeze require a written note from your physician and must be received within six months of the initial freeze date to the Membership Services at DHFC.

1. Complete Member Information.

Member Name _____

Phone Number (Home)_____ (Cell) _____

2. Identify Medical Freeze Period and Reason.

- *Freeze may be granted for a* ***minimum of one month to a maximum of 6 months****. Billing of regular monthly membership fees will resume after the end date or after 6 months, whichever occurs first, if additional documentation from physician is not received.*
- ***A physician's note clearly stating the reason for the request and the approximate time frame for the absence must be attached. Alternatively, the physician may fax the note to DHFC at 919-681-7467.***
- *There is no fee for a medical freeze.*
- *Membership contract term will be extended by the number of months of approved medical freeze.*

Start Date_____ **End Date** _____

Reason _____

I hereby agree that the above information is accurate and I authorize the Duke Health & Fitness Center to freeze my Membership Agreement and billing status accordingly.

Member Signature _____ **Date** _____

3. Physician's Clearance information to be filled out by the physician who authorized the membership freeze.

Please check one of the following statements:

⎦ I concur with my patient's participation with no restrictions.
⎦ I concur with my patient's participation in any exercise program if he/she restricts activities to:

_____

_____

⎦ I do not concur with my patient's participation in any exercise program (if checked, the individual will not be allowed to join Duke Health & Fitness Center.

Reason_____

Physician's name (type or print) _____

Physician's signature_____ **Date** _____