



**Parks, Recreation & Community Services Department Senior & Social Services Division  
4095 Overland Avenue, Culver City, CA 90232 (310) 253-6700**

**2026 CULVER CITY FITNESS ROOM**  
**PHYSICIAN'S AUTHORIZATION FORM**

Dear Dr. \_\_\_\_\_

Date: \_\_\_\_\_

Your patient \_\_\_\_\_ has requested to participate in the City of Culver City Senior Center Fitness Room. The Fitness Room is sponsored, funded and programmed by the Culver City Senior Citizens Association, Inc. (CCSCA). The Fitness Room allows older adult participants who are in appropriate physical and mental health to use exercise equipment independently unless a caregiver is required. The program is not physical therapy rehabilitation or personal training and participants must be able to navigate and use gym equipment independently.

The City of Culver City requires all potential participants to complete and submit a signed "Physician's Authorization Form" prior to participating in the Fitness Room. By signing and returning the "Physician's Authorization Form", you are authorizing your patient to actively participate in the Fitness Room.

If you have any questions, please feel free to call (310) 253-6700.

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**PLEASE PRINT**

Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

In reviewing his/her health history, it is my professional opinion that my client is in appropriate physical and mental health to actively participate in the City of Culver City Senior Center Fitness Room.

**Patient Requires Caregiver**    Yes ☐    No ☐

Effective date: \_\_\_\_\_ to December 31, 2026

Physician Name: \_\_\_\_\_

Physician License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_