

**SIMON FRASER UNIVERSITY MEDICAL RELEASE FORM
REGARDING PARTICIPATION IN THE STUDY**

“Upper Trapezius Recruitment with a Repetitive Upper Limb Task”

Section for Physician

NB. In compliance with the requirements of SFU Department of Research Ethics, your patient will not be allowed to participate in this research, without the researcher receiving a Medical Release Form **signed by a medical doctor**. Thank you for your assistance.

I, Doctor _____ (please print legibly) confirm that I am a licensed medical doctor, and having reviewed the Participant Information document and Participant Consent form, that in my professional opinion the person named below is eligible for the study and capable of providing informed consent, and it is medically safe for them to participate in this research study.

Date _____ Signature _____

Please check bottom of form and ask the patient to tell you how they would like to return the form to SFU School of Kinesiology

Section for Participant

I, _____ (please print legibly) confirm that, in my opinion and that of my doctor, it is medically safe for me to participate in this research study.

Date _____ Signature _____

Instructions regarding return of form to Marj Belot, Researcher. Please choose one of the following options and let your doctor know which one you have chosen, by circling below. If you choose option C your signature below is required as well as your doctors full name and, if possible, contact information.

- A. Participant will return form to the researcher on the day of participation
- B. Physician will fax signed medical release form to SFU School of Kinesiology, attention- Marj Belot B.Sc.PT, Fax: 778-782-3040
- C. The researcher will contact my physician regarding signature on the form and method of returning the form to SFU

Participant Signature: _____ Date: _____