

# Medical Freeze Request Form

**PLEASE NOTE:** This is a *request* for a freeze, not a *guarantee* a freeze will be issued.

*Medical Freeze Requests may be granted for only the following reason with documentation of leave:*

- Upon a doctor’s order, you cannot participate in physical activity for 14—30 days.
- If request is for longer than 30 days of a valid membership, please submit the Refund Request Form instead.
- To freeze or make changes to a membership paid by EFT, use Electronic Funds Transfer (EFT) Authorization Form.

*Medical Freeze Requests must also meet these requirements:*

- Medical Freeze Requests must be made prior to leave, freezes are not backdated.
- Freezes must be for 14 days minimum of a valid membership and a maximum of 30 days.
- Memberships may be frozen up to 2 times in a single calendar year from January—December.
- Membership will be automatically reactivated on date of expected return.
- Holidays and facility closures are not included in freeze.

MEMBERSHIP INFORMATION	
Name	RC#
Expected Date of Return (Must be at least 14 days of a valid membership.)	Beginning Date of Freeze
Reason for Freeze (Documentation must be emailed with this form.) ____ Upon a doctor’s order, I cannot participate in physical activity for 14—30 days.	
Member’s Signature	Date

**Submit completed Medical Freeze Request Form *with* documentation by email only: [REC@uth.tmc.edu](mailto:REC@uth.tmc.edu)**  
*Without documentation, all Medical Freeze Request Forms will automatically be denied.*

ADMINISTRATION USE ONLY	
Date Received	Staff Initials
# of Freezes this Calendar Year	Remaining # of Freezes this Calendar Year
Total Days Frozen of Valid Membership	# of days to Add (Minus Holidays or Facility Closures)
Original Expiration Date	New Expiration Date
Staff Initials	Date Claimed