

PLEASE COMPLETE THE FOLLOWING INFORMATION

It is my understanding that _____ will be participating in a fitness evaluation and exercise program. This patient is permitted to participate in the following activities.
(Please check all that apply.)

1. Comprehensive physical fitness assessment including:
 - submaximal aerobic capacity test for cardiovascular endurance
 - resting heart rate, resting blood pressure
 - body composition analysis
 - flexibility
 - baseline upper and lower body strength measures
 - baseline upper and lower body endurance measures
 - other: _____
2. Exercise/rehabilitation program including:
 - resistance exercise program
 - cardiovascular exercise program
 - nutritional recommendations
 - other: _____

Please check the appropriate response:

- This patient may participate with no restrictions.
- This patient may participate with the following limitations: _____

- This patient may not participate. (If checked, the individual will not be accepted.)
- Other:

Diagnosis/Recommendations/Comments: _____

SIGNATURE

PHYSICIAN NAME (please print)

PHYSICIAN SIGNATURE

DATE

PARTICIPANT NAME (please print)

PARTICIPANT SIGNATURE

DATE