

**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

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