

PHYSICIAN'S REFERRAL

_____ HAS REQUESTED PARTICIPATION IN THE DSCC FITNESS PROGRAM. THIS PROGRAM INVOLVES INITIAL BASIC FITNESS TESTING, THAT INCLUDES SKINFOLD MEASUREMENTS, FLEXIBILITY, SUBMAXIMAL BIKE TEST, SITUPS, PUSHUPS, AND A BLOOD PRESSURE AND RESTING HEART RATE CHECK. THE EXERCISE PROGRAM WILL CONSIST OF STRETCHING EXERCISES, AEROBIC ACTIVITY {WALKING, BICYCLING OR LOW IMPACT AEROBICS} AT 60-80% OF THEIR MAX HEART RATE, AND IN SOME CASES LIGHT WEIGHT TRAINING. YOUR PATIENT IS REQUESTING PARTICIPATION.

_____ THIS PATIENT MAY PARTICIPATE.

_____ THIS PATIENT MAY PARTICIPATE BUT BE ADVISED OF THE FOLLOWING MEDICAL CONDITIONS:

PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____