WEST JEFF FITNESS CENTER AT OAKWOOD

PHYSICIAN'S RELEASE FOR FITNESS ASSESSMENT AND/ OR EXERCISE PROGRAM

Dr.: _____ **Member's Name:** _____

Phone #: _____ **Member's Phone#:** _____

Fax #: _____

Date: _____ **Member Service Representative** **Date of Birth**

Called: Yes _____ No _____ Approved By: _____

Physical Therapy	Cardiac Rehab	Pulmonary Rehab
❑ Current	❑ Current	❑ Current
❑ Graduate	❑ Graduate	❑ Graduate

It is my understanding that the above named individual has applied for membership at the Fitness Center. A fitness evaluation is highly recommended before beginning an activity program at the Fitness Center. If the fitness evaluation is within acceptable limits, an exercise prescription will be administered. If the fitness evaluation results are questionable, further recommendation(s) will be requested. I understand that aspects of the fitness evaluation and/or exercise program include the following:

1. A sub-maximal fitness test.
   This test is used to estimate the member's maximal oxygen consumption (VO2max) and MET level. Blood pressure and heart rate will be carefully monitored and the test will be terminated either by voluntary consent or by criteria established by the American College of Sports Medicine.

2. Other physiological tests include:
   A. Resting heart rate, resting blood pressure
   B. Body composition
   C. Muscular strength
   D. Flexibility
   E. Other:_____

3. Exercise program including:
   A. Weight/Circuit training
   B. Cardiovascular exercise
   C: Other:_____

FOR PHYSICIAN'S USE ONLY

Please check the appropriate boxes:

- ❑ 1. I know of no reason why the applicant cannot participate.
- ❑ 2. I believe the applicant can participate, but I urge caution because of the following: _____
- ❑ 3. I believe the applicant can participate, but should not engage in the following activities: _____
- ❑ 4. I recommend that the applicant not participate.
- ❑ 5. Comments: _____

Physician's Name (Please Print): _____

Physician's Signature: _____

Please Fax to the West Jeff Fitness Center at Oakwood: Fax# 365-0935

West Jeff Fitness Center at Oakwood 175 Hector Avenue Terrytown, LA 70056
Phone# 349-6908