

**Pro-Health**  
& FITNESS CENTER

**PHYSICIAN PERMISSION/REFERRAL**

**PLEASE PRINT**

Today's Date \_\_\_\_\_ Pro-Health No. \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

After reviewing the general health-screening questionnaire that we give to all potential clients, we felt that before any fitness evaluation or exercise is begun the client's physician should be informed.

Do you give the above client permission to be fitness evaluated and participate in an exercise program?

COMMENTS

**Testing and Evaluation include:**

- Bicycle Exercise Tests  Yes  No \_\_\_\_\_
- Bench Press  Yes  No \_\_\_\_\_
- Leg Press  Yes  No \_\_\_\_\_
- Sit-ups  Yes  No \_\_\_\_\_
- Flexibility Tests  Yes  No \_\_\_\_\_

**Exercise programs offered:**

- Strength Training (Cybex machines)  Yes  No \_\_\_\_\_
- Free Weights  Yes  No \_\_\_\_\_
- Treadmills  Yes  No \_\_\_\_\_
- Exercise Bike  Yes  No \_\_\_\_\_
- Recumbent Bike  Yes  No \_\_\_\_\_
- Rowing Ergometers  Yes  No \_\_\_\_\_
- Upper Body Ergometer (UBE)  Yes  No \_\_\_\_\_
- Cross Trainer  Yes  No \_\_\_\_\_
- Stair Steppers  Yes  No \_\_\_\_\_
- Nu-Steps (recumbent stair machine)  Yes  No \_\_\_\_\_
- Track  Yes  No \_\_\_\_\_

**Group Fitness Classes (aerobics) include:**

- Easy Does It  Yes  No \_\_\_\_\_
- Low Impact  Yes  No \_\_\_\_\_
- High Impact  Yes  No \_\_\_\_\_
- Spinning  Yes  No \_\_\_\_\_
- Step Aerobics  Yes  No \_\_\_\_\_
- Silver Sneaker Class  Yes  No \_\_\_\_\_
- Whirlpool**  Yes  No \_\_\_\_\_
- Steam Room**  Yes  No \_\_\_\_\_
- Sauna**  Yes  No \_\_\_\_\_
- Pool (Aqua Fit Program)**  Yes  No \_\_\_\_\_

ADDITIONAL COMMENTS

PHYSICIAN SIGNATURE

DATE

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