

FAX/MEMO

Date: _____
Total number of pages: _____

To:

Phone: _____
Fax phone: _____
CC: _____

From:

Amy Foley, MS
simpson@ missouriwestern.edu

Phone: 816-271-5947
Fax phone: 816-271-4550

REMARKS: Urgent For your review Reply ASAP Please comment

Patient Name: _____ Patient DOB: _____

The above named patient has requested permission to begin an exercise program at the fitness center on the campus of Missouri Western State University. In compliance with the guidelines set by the American College of Sports Medicine, we are requested to obtain a physician clearance for exercise for all male users over the age of 45, female users over the age of 55, and any user who has a worrisome past medical history.

The fitness center is equipped with free weight equipment, selected weight training equipment, and a variety of aerobic conditioning equipment including bicycle ergometers (both Air Dyne and electric), treadmills, elliptical trainers, step machines, cross country ski machines, and rowing machines. The facility is staffed by CPR certified Missouri Western State University students, most pursuing a degree in Health and Exercise Science, and myself. All of the students can conduct simple monitoring (blood pressure, heart rate) however, there are no methods to detect heart arrhythmia or irregular ECGs.

With this in mind, please check the appropriate box below:

The aforementioned patient is:

- _____ 1. Cleared for exercise with no restrictions
- _____ 2. Cleared for exercise with the following restrictions: _____

- _____ 3. Not cleared for exercise at this time

Signed

Date

Thank you for completing this clearance
If you have any questions, please contact me at the above address and phone number

**Please return this form to patient or
fax back to 271-4550**