

# MWSU RECREATION SERVICES

4525 Downs Drive, Saint Joseph, MO 64507

## FAX/MEMO

Date: \_\_\_\_\_

Total Number of Pages: \_\_\_\_\_

To: Emily Ludwig MAS, LAT, ATC  
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Email: egarcia3@missouriwestern.edu

From: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

REMARKS:  Urgent  For Your Review  ASAP  Please Comment

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

The above named patient has requested permission to begin an exercise program at the Baker Family Fitness Center on the campus of Missouri Western State University. In compliance with guidelines set by the American College of Sports Medicine, we are requesting 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. The facility is staffed by CPR certified Missouri Western State University students, some pursuing a degree in Health and Exercise Science, and myself. All of the students can conduct simple monitoring (blood pressure, heart rate, etc.) however, there are no methods to detect heart arrhythmia or irregular ECG's.

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

1. Cleared for exercise with no restrictions.
2. Cleared for exercise with the following restrictions:  
\_\_\_\_\_  
\_\_\_\_\_
3. Not cleared for exercise at this time.

\_\_\_\_\_  
Printed/Stamped Provider Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
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 (816) 271-4550**