



Physical Education and Athletics FITNESS CENTER



Physician's Medical Clearance

STUDENT INFORMATION:

Name: _____ **Phone Number:** _____
Last Name, First Name Area Code, Number

Address: _____
Street Address City, State Zip Code

Physician: _____ **Phone Number:** _____
Last Name, First Name Area Code, Number

Office Contact: _____
Last Name, First Name City, State Zip Code

Dear Dr. _____,

I hereby authorize you to release the requested information on my health history to the Cañada College Fitness Center, and identify any limitations/restrictions to which I must adhere while participating in a physical fitness/exercise program. This program is to include cardiovascular, resistance and flexibility training.

Patient's Signature: _____ **Date:** _____

STUDENT'S HEALTH HISTORY AND PHYSICIAN RECOMMENDATIONS:

<i>Yes</i>	<i>No</i>		<i>Comments:</i>
<input type="checkbox"/>	<input type="checkbox"/>	Coronary Artery Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain during/following exercise	_____
<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure Condition	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Medications	_____
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Condition	_____

Physical Activity Recommendations: Unrestricted Activity: Restricted Activity:

_____ Beats/minute = Maximum Exercise Heart Rate _____ Degrees of motion at _____ joint.

Lifting limited to: _____ *Avoidance of:* _____

Special Concerns: _____ *Emphasis on:* _____

Special Notes:

Physician's Signature: _____ **Date:** _____

Please contact the Cañada College Fitness Center with any particular programming questions and suggestions.

Phone: (650) 306-3424

Fax: (650) 306-3390 Physical Education and Athletics: (650) 306-3341