

UNIVERSITY OF ILLINOIS
LIFETIME FITNESS PROGRAM

Freer Hall, 906 S. Goodwin Avenue, Urbana, IL 61801
Phone: (217) 244-6253 Fax: (217) 244-7322

To the Attending Physician of Mr./Ms. Patient Name Birth Date

Patient is classified as: (Please check one)

- 1. Group A: New enrollee in the Lifetime Fitness Program
2. Group B: Continuing participant

*Patient understands that a medical examination is required before participation is permitted.

To be completed by the attending physician

The above named individual has asked to be included in a physical exercise program. The exercise program is operated 5 days/week for 2.5 hours and may involve moderate/strenuous exercise in the form of brisk walking/jogging, aquatic exercise, weight training, balance and flexibility training.

Please indicate the conditions that apply to your patient. Leave those that do not apply blank.

Table with 4 columns and 13 rows containing medical conditions for physician completion, such as Cardiovascular Disease, CNS disorders, Hypertension, etc.

Current Medications:

Please turn over

(Office Use only)
LFP Staff Initials and date entered into database:

Known Drug Allergies:

Prior or Current Injuries:

The above named individual is capable of: unlimited physical activity
limited physical activity
no exercise program

If the participant is cleared for limited activity, please offer exercise guidelines:

Physician's Name (please print) Phone Number Hospital

Signature Date