

Medical Authorization for Exercise Class Participation
San Diego State Research Foundation on behalf
SDSU Adaptive Fitness Clinic

The individual listed below has expressed an interest in participating in an activity class offered through the SDSRF / SDSU Adaptive Fitness Clinic. This class promotes fitness, wellness and preventative healthcare through the utilization of specific exercises and activities. Constant supervision will be provided by the instructor, a Registered Kinesiotherapist and Kinesiology students from the school of Exercise & Nutritional Sciences.

Participant's Name: _____

Physician's Name: (Please Print) _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: (_____) _____

Participants's Diagnosis(es): _____

Exercise

Recommendations: _____

Contraindicated

Exercises: _____

I recommend that this individual participate **without** limitation.

I recommend that this individual participate with the following limitations/considerations: _____

I DO NOT recommend that this individual participate in an exercise program.

Please call for recommendations.

Physician's Signature: _____ Date: _____