

Physician's Form

To the Physician: (this form can either be printed out and faxed/mailed or sent online by pressing "submit" below)

The Department of Exercise Science at the George Washington University offers an exercise/wellness program for its participants. Activities include aerobic exercise, yoga, walk/jog, and strength and conditioning exercises (calisthenics and stretching). Please fill out this form releasing your patient to participate in the program.

Patient Information

Name _____ Date _____

Please circle and elaborate on any of the following conditions that may apply:

1. Hypertension
2. Coronary artery disease/Peripheral vascular disease
3. Diabetes
4. Orthopedic/Skeletal-muscle injury
5. Other (describe below)

Present Medications:

Restrictions or limitations to exercise or exercise testing:

The individual listed above is capable of participating in a supervised, individually prescribed exercise program.

Physician's signature _____ Date _____

PRINT name of physician _____

Office phone number _____

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