

The Fitness Center
Georgia State University
PHYSICIAN'S EXERCISE APPROVAL FORM

Patient's Name: _____ Date: _____

Age: _____ Date of birth: _____

You are strongly encouraged to visit your health care provider for completion of this form. If you are a student but do not have a physician, you may visit the Health Clinic located in the Commons, 141 Piedmont Avenue, 404-413-1930. Call for appointment.

The patient listed above has my permission to engage in a sub-maximal exercise assessment (85% of age predicted maximal heart rate) to determine estimated maximal oxygen uptake and cardiovascular function. This person will be monitored continuously by a V-5 electrocardiogram recording during the assessment. The assessment will facilitate evaluation of cardio-respiratory function and will assist the exercise physiologist in designing exercise programs for the individual. The exercise assessment will be performed by walking, running, or riding a bicycle with a progressive increase in workload until the target heart rate is obtained, or other symptoms dictate the cessation of the test. This assessment is to be utilized only for functional fitness evaluation and is not designed as a diagnostic test to replace the examination by a physician.

I hereby certify that, after questioning and examining the patient, I know of no reason that the aforementioned patient should not participate in a sub-maximal graded exercise assessment and a scientifically individualized physical fitness improvement program.

PATIENT LIMITATIONS OR
CONTRAINDICATIONS: _____

PATIENT
MEDICATIONS: _____

PHYSICIAN'S
SIGNATURE: _____ DATE: _____

PLEASE PRINT PHYSICIAN'S
NAME: _____ PHONE: _____

Department of Recreational Services
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