Exercise Prescription

I herewith certify that ___________________________ has been evaluated to be physically fit to participate in community exercise classes.

Pertinent Health Information:

HT: _______  WT: _______  A1C: _______  BP: _______

Total CHOL: _______  HDL: _______  LDL: _______  TG: _______

Due to:

☐ Diabetes  ☐ Cardiovascular Disease  ☐ Hypertension
☐ Peripheral neuropathy  ☐ Peripheral vascular disease  ☐ Autonomic neuropathy
☐ Retinopathy  ☐ Kidney disease  ☐ Asthma/COPD
☐ Arthritis  ☐ Other: ___________________________  ☐ Other: ____________

☐ Cardiac History  ___________________________

☐ Mobility Problems  _______________________________

☐ Injuries  _______________________________

☐ Meds (beta blockers/diuretics)  _______________________________

Recommendations: _______________________________________

_____________________________________

Restrictions: _______________________________________

_____________________________________

Attending Physician Signature _______________________________  Date ___________

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