

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Peripheral neuropathy | <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> Autonomic neuropathy |
| <input type="checkbox"/> Retinopathy | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Asthma/COPD |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
- Cardiac History _____
- Mobility Problems _____
- Injuries _____
- Meds (beta blockers/diuretics) _____

Recommendations: _____

Restrictions: _____

Attending Physician Signature _____ Date _____

Native American Community Clinic

Phone: 612-872-8086