

ADELPHI UNIVERSITY

Department of Health
and Sport Sciences
Adult Fitness Program
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Adelphi University Adult Fitness Program Physician's Clearance

Dear Doctor:

Your patient is interested in participating in the Adelphi University Adult Fitness Program. The program is individualized and based on a required intake fitness assessment. The assessment includes a health/medical questionnaire, submaximal graded exercise test and measurements of body composition, flexibility, pulmonary function and muscular strength. The submaximal exercise test is performed on either a treadmill or cycle ergometer with a 12 lead ECG in place. The test is non-diagnostic and used primarily to provide a baseline for exercise programming and for future comparison. The assessments and fitness program are administered by trained Exercise Physiologists and consistent with the American College of Sports Medicine's Guidelines for Exercise Testing and Prescription.

The exercise sessions consist of a 5–10-minute warm-up, followed by 20-30 minutes of aerobic exercise using treadmills, stationary cycles, steppers, etc. All participants are expected to follow their individualized program that has been determined from their fitness assessment. Heart rate and blood pressure are monitored pre, during and post exercise. Additionally, each person will participate in a circuit of resistance training exercises that is also determined from the intake assessment. The exercise session concludes with a 5–10-minute cool down designed to reduce the heart rate and blood pressure. By completing this form, you are not assuming any responsibility for our assessment or exercise program.

Patient's Name _____ Date _____

Physician's Name (*please print*) _____

Phone _____ Address _____

Physician's Signature _____

Physician's Office Stamp(required)

Please Check One:

- ☐ My patient may participate in the Adelphi Adult Fitness Program with no medical contraindications.
- ☐ My patient may participate in the Adelphi Adult Fitness Program with the following limitations:

- ☐ My patient should NOT participate in the Adelphi Adult Fitness Program at this time.