

**Columbus State Community College
Department of College Recreation & Wellness
Physician's Release for Exercise Form**

Health Care Professional:

Dr. _____

Please REMIT TO:

Fax: 614- 287-6064

Attn: Department of College
Recreation & Wellness

PHYSICIAN'S RELEASE FOR EXERCISE

It is my understanding that _____ will be participating in a fitness evaluation and/or exercise program. I understand that aspects of the program include the following activities:

- A submaximal (bicycle ergometer or treadmill) test.
This test is used to estimate the member's maximal oxygen consumption (V_{O_2} max). Blood pressure and pulse rate will be carefully monitored and the test will be terminated either by voluntary consent or by criteria established by the American College of Sports Medicine.
- Other physiological tests include:
 - A. Resting heart rate, resting blood pressure
 - B. Body composition (skinfolds)
 - C. Muscular endurance; sit-ups in one minute, consecutive push-ups
 - D. Flexibility; sit and reach, trunk rotation, shoulder rotation
 - E. Strength; biceps (three separate five second static contractions)
 - F. Other _____
- Exercise program including:
 - A. Weights
 - B. Cardiovascular exercise
 - C. Other _____

As the individual's attending physician, I am not aware of any medical condition which would prevent him/her from participating in the exercises outlined above.

Signed _____ Date _____

Note: If there are any contradictions to this fitness evaluation and exercise program, please list in the remaining spaces below.

***Please ensure a cover sheet is used when faxing this document to CSCC.**