



I, \_\_\_\_\_ GIVE PERMISSION FOR THE FOLLOWING INFORMATION FROM MY Health Provider to be shared with the 333 South Seventh Street Fitness Center and Wellness Program Staff.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Health Provider: \_\_\_\_\_:

Your patient \_\_\_\_\_ would like to begin a program of exercise at the 333 South Seventh Street Fitness Center and Wellness Program. After reviewing his/her responses to our PAR-Q, we would appreciate your medical opinion and recommendation concerning his/her participation in exercise.

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

**1) Are there specific concerns or conditions our staff should be aware of before this individual engages in exercise at the 333 South Seventh Street Fitness & Wellness Center? Yes \_\_\_ No \_\_\_**

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) If this individual has completed an exercise test, please provide the following:**

- a. Date of test \_\_\_\_\_
- b. A copy of the final exercise test report and interpretation (with patient approval)
- c. Your specific recommendations for exercise training, including heart rate limits during exercise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3) Please provide the following information so that we may contact you if we have any further questions:**

\_\_\_ I AGREE to the participation of this individual in exercise/sports activity at your health/fitness facility  
\_\_\_ I DO NOT AGREE that this individual is a candidate to exercise at your health/fitness facility because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature Date

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

\*Thank you for your assistance.\*

**FAX TO:**  
612.338.4102 (notify before transmission)

**MAIL TO:**  
333 South Seventh Street Fitness Center  
ATTN: Fitness and Wellness Program Staff  
333 South Seventh St.  
Minneapolis, MN 55402

**QUESTIONS?**  
Please call the Fitness & Wellness Program Staff  
612.673.6747