

Health Care Provider Exercise Clearance Meriter Wellness Center



Patient's DOB: _____
(MM/DD/YY)

Dear Health Care Provider,

Your patient, _____, wishes to join the Get Fit! Exercise and Healthy Eating Program at the Meriter Wellness Center. For safety reasons, we ask that participants obtain medical clearance from their health care provider.

The American College of Sports Medicine (ACSM) recommends an exercise stress test for the following individuals:

- Apparently healthy men older than 45 and women older than 55 who want to begin a program of vigorous exercise
- Asymptomatic men and women with two or more major coronary risk factors who wish to take up vigorous exercise
- Individuals who have (or have symptoms suggestive of) cardiac, pulmonary or metabolic disease before beginning vigorous physical activity

Please check the box below that is appropriate for the above named patient; then sign below indicating your consent for the patient to engage in an exercise program at the Meriter Wellness Center.

- This patient does not need a stress test.
- A stress test is needed for this patient prior to starting an exercise program. The test has been scheduled at: _____ on _____ (date).
- A stress test has been performed for this patient within the past two years and a copy of this test is enclosed (datasheet with heart rates, blood pressures, workloads; physician interpretation; ECG at rest, maximal exercise and recovery).

I have discussed the following concerns/limitations with my patient: _____

Provider Name: _____ (please type or print)

Provider Signature: _____ Date: _____

Please mail or fax form to:
Meriter Wellness Center
2501 West Beltline Hwy, Suite 207, Madison, WI 53713
Fax: (608) 417-5770 Phone: (608) 417-6102