

**PHYSICIAN AUTHORIZATION to PARTICIPATE in
COMMUNITY FITNESS PROGRAM
(Pool, Strengthening and Aerobics)**

_____ has no unstable medical condition or
(Participant's Name)
contagious disease (including conditions listed below) that would interfere with his/her ability to safely and independently participate in the National Jewish Fitness Center or Pool Aerobics Program. The pool program involves cardiopulmonary endurance and strengthening exercises in a therapeutic pool (temperature 92°) for 45-50 minutes. The Fitness Center provides isotonic free weights and endurance equipment for patient use.

Does this individual have any of the following conditions? Please specify.

_____ cardiac conditions: _____
_____ hypertension
_____ diabetes
_____ orthopedic problems: _____
_____ pulmonary conditions: _____
_____ psychological/emotional conditions
_____ other: _____

Is this individual currently on medications? _____ Yes _____ No

If yes, please list: _____

Physician's Signature **Date**

Print Physician's Name **Physician License #**

Address **Telephone Number**

City **State** **Zip code**

Call Paul at 303-398-1336 to schedule your first visit.