

The Following Information is Required

Patient's Name _____ SS# _____

Height: _____ Weight _____ Blood Pressure: Systolic _____ Diastolic _____

Present Medication: _____

Purpose of Medication: _____

Diagnostic Data-Etiology Present Physical Activity Electrocardiogram Rhythm

- | | | | |
|----------------------------|----------------|-------------|----------|
| 1.No Heart Disease | 1.Very Active | 1.Normal | 1.Sinus |
| 2.Rheumatic Heart Disease | 2.Normal | 2.*Abnormal | 2.*Other |
| 3.Congenital Heart Disease | 3.Limited | | |
| 4.Hypertension | 4.Very Limited | | |
| 5.Ischemic Heart Disease | | | |
| 6.*Other | | | |

Doctors, please note that as per ACSM guidelines the electrocardiogram is not required for prospective members under age 40 who are asymptomatic.

* Please explain above abnormalities: _____

Specific Cardiac diagnosis: _____

Normal	Abnormal	Impression Of The Following	Remarks	Describe Abnormalities
		Head and Neck		
		Eyes		
		Ears, Hearing		
		Chest, Breast, Lungs		
		Heart		
		Hernia		
		Spine and Musculo-skeletal		
		Skin and Identifying Marks		
		Neurologic		
		Psychiatric		

The signature below indicates that _____ (applicant's name) is in good health and capable of full participation in a vigorous exercise program.

Signed: _____ M.D. Date: _____

Type or print name of physician: _____

Address: _____

Phone# _____ Office Hours: _____

Please provide the following information if available (not required)

Blood Count: Hbg _____ Hct. _____ W.B.C. _____ Glucose _____ Cholesterol _____

H.D.L. _____ L.D.L. _____ Triglyceride _____

ECG Resting and/or G.X.T. (enclose copy with interpretation)