

Southwestern College
H.E.S.A. & Disabled Student Services
Exercise Science / Limited & Adapted Physical Education Program

To: _____

From: Toni Pfister, Exercise Science/ Limited Instructor

RE: Patient _____

This letter is to inform you that the above-named student has enrolled in an Exercise Science / Limited class at Southwestern College. **In order for the instructor to provide a safe and beneficial activity program, it is requested that you examine the student to determine his/her eligibility to perform exercises. It is also requested that you provide any medical information which would affect the selection of physical activities and list any exercises that are contraindicated.** All medical information will be handled in strict confidence.

Thank you for your cooperation.

Sincerely,

Toni Pfister, Exercise Science / Limited Instructor
Signature

I verify that _____
Name

Has the medical/disabling condition stated below:

DIAGNOSIS: _____
Description (degree and limiting effects): _____

Functional limitations: _____

ADAPTED PHYSICAL EDUCATION

Class(es) enrolled: Exercise Science / Limited

- _____**Student should not participate.**
_____**No restrictions or limitations requiring special instructions.**
_____**Restrictions (please list all restrictions)** _____

_____**Date:** _____**Signature:** _____

_____**Print Name:** _____

Dr.'s Phone number: _____ **Office Stamp:**

I hereby authorize release of this information to Dr. Toni Pfister, Exercise Science Instructor.

Student's Signature Date