



# EXERCISE SCIENCE/SPECIALIZED & ADAPTED PHYSICAL EDUCATION PROGRAM

To: \_\_\_\_\_  
*Physician*

From: Southwestern College Exercise Science/ Specialized Instructor

RE: \_\_\_\_\_  
*Patient/Student Name*

This letter is to inform you that the above-named student has enrolled in an Exercise Science Specialized (ES/S) class at Southwestern College. For the ES/S 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 and provide any medical information which would affect the selection of physical activities. Please list any exercises that are contraindicated. All medical information will be handled in strict confidence.

Thank you for your cooperation.

Sincerely,  
Toni Pfister, MS, EdD  
Exercise Science/Specialized Instructor

I authorize release of this information to the current SWC Exercise Science / Specialized Instructor

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICIAN

I verify that \_\_\_\_\_ has the medical/disabling condition stated below:  
*Patient/Student Name*

DIAGNOSIS: \_\_\_\_\_

Description (degree and limiting effects): \_\_\_\_\_

\_\_\_\_\_

Functional limitations: \_\_\_\_\_

\_\_\_\_\_

Class(es) enrolled: \_\_\_\_\_, \_\_\_\_\_

- Student should not participate
- No restrictions / limitations requiring special instructions
- Restrictions (please list all restrictions)

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

\_\_\_\_\_  
*Doctor Phone Number* *Date*

\_\_\_\_\_  
*Doctor, Printed Name*

\_\_\_\_\_  
*Doctor Signature*

*Office Stamp*