



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

To: _____

From: Toni Pfister, 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 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 / Specialized Instructor Signature

I verify that _____ has the medical/disabling condition stated below:
Patient/Student Name

DIAGNOSIS: _____

Description (degree and limiting effects): _____

Functional limitations: _____

ADAPTED PHYSICAL EDUCATION

Class(es) enrolled: Exercise Science / Specialized

- 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

I hereby authorize release of this information to Toni Pfister, MS, EdD, Exercise Science Instructor

Student's Signature: _____ Date: _____

It is requested that this form be completed and returned to: