Request for Medical Information



Physician's Physical Education Recommendation

STUDENT AUTHORIZATION		
My signature authorizes my Health Care Professio Cosumnes River College Adapted Physical Education	nal to release the information requested to the on Department. All medical records are confidential.	
Student's Name (Please Print)		
Student's Signature	Date	
REQUIRED INFORMATION: To Be Completed by a Health Care Professional		
the opportunity to participate in physical activities is individualized to meet the specific needs of each flexibility, cardiovascular endurance, balance, aquidetermine safe and beneficial activities for this students.	•	
Name of Examiner (Print or Stamp)		
Address		
Phone		
Signature of Examiner	Date	
Contraindicated Activities ☐ yes ☐ no (if yes, please list)		
Recommended Exercises/Emphasis		
Exercise Heart Rate Max	<u>(</u> beats per minute)	
Recommended Until	_(date or indefinite)	

CONTINUED: To Be Completed by a Health Care Professional			
Types of Positions	Limited (Approximate time)	Unlimited	
Lying, Supine			
Lying , Prone			
Sitting			
Standing			
Squatting			
Kneeling			
Types of Activities	Yes	No	
Water Exercises			
Swimming			
Treadmill			
Elliptical			
Flexerciser			
Recumbent Stepper			
Upright Stationary Bike			
Recumbent Stationary Bike			
Traditional Strength Development/Weight Training			
Isometric Strength Development/Weight Training			
Flexibility Training			
Standing Frame			
Balance work			
Diagnosis			
Prognosis			
Comments			

Contact Jeanne Calamar at (916) 691-7376 or calamaj@crc.losrios.edu with questions or concerns.

Please return completed form to:

Jeanne Calamar, Adapted Physical Education

Cosumnes River College 8401 Center Parkway Sacramento, CA 95823