

Dear Physician:

\_\_\_\_\_ has inquired about becoming involved in our Adult Fitness Program. This program involves participating in activities designed to improve cardiovascular fitness, strength and flexibility. Each participant is provided with an individually prescribed exercise program. The prescribed program is based upon the results of the following testing:

- Baseline fitness testing utilizing the Rockport 1 mile walk test, core strength assessments.
- Body Composition and Ideal Weight Determination utilizing skinfold measurements and bioelectric impedance scale
- Flexibility Testing and Stretching Routine

Before entering our program, each participant is required to obtain clearance from his/her personal physician. Because the American College of Sports Medicine recommends that individuals 35 years and older have a complete physical before an exercise program, we would ask that this procedure be followed.

Should you have any questions, please notify me. Thank you for your cooperation.

Sincerely,

Dr. Kris Cleveland, PT, DPT  
Assistant Professor/Director SMSU Wellness and Human Performance Center  
Physical Therapist

I have examined \_\_\_\_\_ and found him/her to be physically capable to participate in the described exercise program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physicians Printed Name & Clinic

Date \_\_\_\_\_

Phone \_\_\_\_\_

Please return completed form to:

Dr. Kris Cleveland, PT, DPT  
Southwest Minnesota State University  
1501 State Street  
Marshall, MN 56258

Telephone (507) 537-6178 • Toll-Free (800) 642-0684 • Fax (507) 537-6151  
1501 State Street, Marshall MN 56258-1598 • [www.SMSU.edu](http://www.SMSU.edu)

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