

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 for cardiovascular health, strength, flexibility and balance;
- Body Composition and Ideal Weight Determination utilizing skinfold measurements and bioelectric impedance scale;
- Other tests as deemed necessary to complete an individualized exercise prescription

Due to the fact that our students have not yet obtained their Bachelor of Science Degree, and they are not yet certified, each participant is required to obtain clearance from his/her personal physician before entering our program.

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

Sincerely,

Dr. Kris Cleveland, PT, DPT, CSCS, CWC  
Associate Professor/Director SMSU Wellness and Human Performance Center  
Doctor of Physical Therapy

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**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 FAX completed form to: (507) 537-6151  
ATTN: Dr. Kris Cleveland, PT, DPT  
Southwest Minnesota State University**

\*\*Forms may also be returned by mail to the address below.

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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