



Dear _____,

Your patient, _____, D.O.B. _____ has indicated an interest in exercising, having a fitness test and/or participating in exercise classes with Health Promotion for Faculty and Staff here at Appalachian State University. Because of the following reasons, it is necessary for her/him to have a physician or clinician approval prior to participation with us.

Your patient has checked the following boxes on our health history form:

A. Heart Related	B. Heart Disease Risk Factors
A Heart Attack	Are you a male and over 45 or a woman over 55?
Heart Surgery, Cardiac Catheterization, or Coronary Angioplasty	Family History: Has the following had a heart attack, angioplasty, stent or sudden death : <i>father or brother before the age of 55 and/or mother or sister before the age of 65?</i>
Pacemaker/implantable cardiac defibrillator/rhythm disturbance	Do you currently use tobacco products?
Heart Valve Disease	Do you have high blood pressure (130/90 mm Hg) and/or are you on high blood pressure medication?
Heart Failure	Is your total cholesterol over 200 mg/dl , your LDL over 130 mg/dl , your HDL under 35 mg/dl or your HDL over 60 mg/dl ?
Heart Transplant	Do you have Type I or II Diabetes
Congenital Heart Disease	If you are a female, is your BMI over 30 kg/m or waist circumference over 102 cm. For a male, is your BMI over 30 kg/m or waist circumference greater than 88 cm?
Diabetes or Renal Disease	Check the box if you don't exercise for 30 minutes a day 3 days per week at a moderate intensity?

Please complete and return this form to the Health Promotion for Faculty and Staff office, via fax to (828) 262-7019. Thank You!

_____ I feel that it is safe for this patient to join the exercise programs at Appalachian State University's Health Promotion for Faculty and Staff.

_____ I recommend that this patient have a stress test with EKG and physician attendance prior to starting an exercise program.

_____ I recommend that this patient not exercise.

Additional recommendations and or notes: _____

_____ Signature _____ Date