



Lifetime Fitness Program

University of Illinois at Urbana-Champaign
Department of Health and Kinesiology
Email: *lifetimefitness@illinois.edu* | Fax: 217.244.7322
Address: 906 S. Goodwin Ave. Urbana, IL 61801

To the Attending Physician of Mr./Ms. _____
Patient Name Birth Date

Patient is classified as: (Please check one)

- New enrollee in the Lifetime Fitness Program
- Continuing participant in the Lifetime Fitness Program

Patient understands that a medical examination is required before participation is permitted

To be completed by the attending physician

The above-named individual has asked to participate in the Lifetime Fitness Program. Exercise classes within the Lifetime Fitness Program operate 3-5 days per week (depending on the academic year) for 1-2 hours, and may involve moderate/strenuous exercise in the form of brisk walking/jogging, aquatic exercise, weight training, balance and flexibility training. Additionally, members may exercise at their own pleasure independently at Campus Recreation Facilities.

Please indicate the conditions that apply to your patient. Leave those that do not apply blank.

1. <u>Cardiovascular Disease</u> Dx: Treatment:	7. <u>CNS Disorder</u> Dx: Treatment:
2. <u>Hypertension</u> Dx: Treatment:	8. <u>Chronic Respiratory Conditions</u> Dx: Treatment:
3. <u>Disorders of Hearth Rhythm (transient or chronic)</u> Dx: Treatment:	9. <u>Obesity</u> Dx: Treatment:
4. <u>Diabetes (Please circle: Type 1 or Type 2)</u> Dx: Treatment:	10. <u>Cancer</u> Dx: Treatment:
5. <u>Hyperlipidemia</u> Dx: Treatment:	11. <u>Other(s)</u> Dx: Treatment:
6. <u>Musculoskeletal Functional Impairment</u> Dx: Treatment:	12. <u>Other(s)</u> Dx: Treatment:

