

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

| PHYSICIAN CHECKLIST |  |
|---------------------|--|
| X                   |  |
|                     | Basic Physical w/ Musculoskeletal Exam   |
|                     | Blood Work (including, but not limited to: Thyroid Function, Lipid Profile and Glucose Status) *Fasting required |
|                     | Cleared for Cardiopulmonary Stress (CPX) Test  |
|                     | Cleared for Resting Metabolic (RER) Test   |
|                     | Cleared for Pulmonary Function Test  |
|                     | Cleared for Nutritional Consultation   |
|                     | Cleared for Activity and Exercise Programs   |
| <b>Comments:</b>    |  |
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| PHYSICIAN'S STATEMENT  |      |
|--|------|
| I hereby certify that I examined and found the applicant physically fit to attend and to participate in The Fitness Principle with Mackie Shilstone at East Jefferson General Hospital. I know of no impairments, which would limit participation in program activities. (Please attach any comments). |      |
| Physician's Signature  | Date |