

LEAD-UP

A Lifestyle Education Access for Diabetics: a University Program Texas Woman's University Physician Clearance Form

_____ has applied for participation in the LEAD-UP Wellness Program at Texas Woman's University. The program is designed as a wellness program for individuals with diabetes and borderline diabetes. The LEAD-UP Wellness Program will be available to all participants 5 days a week; however, there is no specific day or time allotment for which they are required to participate. The American College of Sports Medicine requires a physician's clearance form prior to participating in a personal training program or a graded exercise test if one or more of the following conditions exist:

Age: Men over 40 yrs and women over 50 yrs
Elevated Blood Pressure
High Cholesterol
Heart Condition and/or Chest Pain
Bone or joint problems that may be made worse by a change in physical activity
Loss of balance due to dizziness or loss of consciousness
Physician prescribed medication
Known disease (Type 2 Diabetes in this case)

We require all participants to have a physician's clearance form before starting the program.

PHYSICIAN'S REPORT

This is to certify that my patient, _____, is capable of participating in the LEAD-UP Wellness Program at Texas Woman's University.

The following restrictions, if any, apply before allowing the participant to partake in the program: _____

Physician's Signature: _____ Date: _____

Physician's Name (please print): _____

Mailing Address: _____

City/St: _____ Zip: _____ Phone: _____

Thank you,

Vic Ben Ezra, PhD
Professor
Texas Woman's University Kinesiology Department