



Department of Kinesiology

Your patient _____ would like to participate in the *Commit to be Fit* fitness program led by the Kinesiology Department at California State University, Northridge, a **non-clinical health/fitness facility**. To comply with pre-activity screening recommendations established by the American College of Sports Medicine, we have all participants complete a brief health history questionnaire (PASQ). Based on the responses to the PASQ (copy attached), your patient needs to obtain medical clearance prior to participating in our exercise/fitness programs. Once completed and signed by you, your patient can return this clearance form to me or you can email or fax it directly to me [fax: (818) 677-3207]. If you have any questions, please feel free to contact me at kim.henige@csun.edu or (818) 677-7503.

Thank you,

Kim Henige, Ed.D., ACSM EP-C, EIM, CSCS

Please check (√) one of the following:

- Not cleared to exercise at this facility – should be referred to a clinically supervised exercise program
- Cleared to exercise at this facility

Please check (√) the highest exercise intensity level your patient is cleared for and provide any other restrictions/limitations

- Light (<57 to < 64% HR max)
- Moderate (64 to < 76% HR max)
- Vigorous (76 to < 96% HR max)
- Near Maximal to Maximal (≥ 96% HR max)

Restrictions/Limitations:

Physician's Name (printed)

Physician's Signature

Phone number

Date