



Vitality! Fitness Programs
 The Institute for Human Performance
 Upstate Medical University

Health Provider Approval Form

Dear _____
 (Referring physician's name here)

The Vitality Fitness Program at the Institute of Human Performance offers land based exercise programs. The program is designed to improve the health and wellness of people in our community. Goals for the program include: improving muscular strength, flexibility, cardiovascular endurance and self-esteem; providing a convenient, regularly scheduled opportunity for participants to exercise and socialize; and producing a positive influence on participants' overall quality of life. Each participant is given an initial assessment to review health history, current activity level, limitations, and other leisure time activities. Participants perform several fitness assessments for muscular strength/endurance, aerobic endurance, flexibility, and balance and coordination. This information is combined with personal goals to create an individualized exercise program based on guidelines provided by the American College of Sports Medicine (ACSM). All participants are required to obtain physician clearance to participate in the program.

The core components of the exercise programs consist of warm-up, strength training, flexibility/range of motion, balance, cardiovascular, and cool-down components. The cardiovascular component consists of various activity or equipment at a target heart rate 60-85% of maximum predicted heart rate if appropriate. All activity is also monitored on the Borg Perceived Exertion Scale and targeted to a level of 11-14 (fairly light to somewhat hard).

If you have any questions concerning the program structure or components, please feel free to contact Amy Allen, Program Coordinator, at (315) 464-9939 or (315) 744-4708.

It is my understanding that _____ DOB: _____ will be participating in an exercise program. As the participant's health provider, I am not aware of any medical condition that would prevent him/her from participating in the program outlined above. Any restrictions are listed below.

Signed _____ Date _____
 (Physician's Signature)

Restrictions _____

Please remit this form to 1) the participant, 2) email to: ALLENAM@UPSTATE.EDU, 3) fax: 315-464-9987 or 4) mail to: Vitality Fitness Programs IHP# 2203, 505 Irving Avenue, Syracuse, NY 13210