



108 E 5<sup>th</sup> Ave. Antigo, WI 54409  
P 715-623-9924 langladehospital.org

## Physician Approval Form

### Section I: Medical Information Release

(To be completed by participant)

Name: (Please print) \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Langlade Center For Health & Performance policy regarding participation in any exercise course states that all participants are required to submit a completed Physician Approval form prior to participating in any exercise course. Participation is contingent upon your physician's approval/disapproval.

I hereby give my physician permission to release any pertinent medical information from my medical records to the staff of Langlade Center For Health & Performance. I understand that this information will be kept confidential.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN NAME (please print): \_\_\_\_\_

### Section II: Physician Approval

(To be completed by participant's physician)

Dear Physician:

Your patient, named above, has expressed an interest in participating in an exercise program held here at the Langlade Center For Health & Performance. All exercise programs adhere to recommendations set forth by the American College of Sports Medicine and the National Strength and Conditioning Association. Please refer to the back of this sheet to review this patient's self reported health history.

Please select the appropriate statement below concerning this patient.

**No restrictions apply**

**the following restrictions apply:** \_\_\_\_\_

\_\_\_\_\_

**participation is NOT recommended at this time (if checked, the patient will be denied participation)**

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Questions or comments can be directed to Greg Renfro, Sport and Wellness Specialist, (715) 623-9924

**PLEASE RETURN TO:** **Langlade Center for Health & Performance**  
**108 E. Fifth Avenue, Antigo, WI 54409**  
**FAX: 715-623-9925**

**\*Langlade Center for Health & Performance Pre-Participation Screening Questionnaire\***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Assess your health status by marking all true statements:

**History**

You have had:

- a heart attack\*\*
- heart surgery\*\*
- cardiac catheterization\*\*
- coronary angioplasty (PTCA)\*\*
- pacemaker/implantable cardiac defibrillator/rhythm disturbance\*\*
- heart valve disease\*\*
- heart failure\*\*
- heart transplantation\*\*
- congenital heart disease\*\*

Participation in any exercise regimen held at the Langlade Center for Health & Performance requires physician clearance. This questionnaire will be forwarded to your physician for approval.

**Symptoms**

- You experience chest discomfort with exertion\*\*
- You have asthma or other lung disease\*\*
- You experience dizziness, fainting, or blackouts\*\*
- You take heart medications \*\*

**Other health issues**

- List any surgeries \_\_\_\_\_
- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in you lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You take prescription medications
- You are pregnant

**Cardiovascular risk factors**

- You are a man older than 45 years
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
- You smoke, or quit smoking within the previous 6 months
- Your blood pressure is greater than >140/90 mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is greater than >200mg/dl
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother or age 65 (mother or sister)
- You are physically inactive (i.e., you get < 30 minutes of physical activity on at least three days per week)
- You are >20 pounds overweight

\*Modified from American College of Sports Medicine and American Heart Association. ACSM/AHA Joint Position Statement: Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. Med Sci Sports Exer 1998:1018

\*\*May be more appropriate for cardiac rehabilitation