



Recreational Sports

Student Affairs

UNIVERSITY OF GEORGIA

PERSONAL TRAINING PROGRAM PHYSICIAN REFERRAL FORM

Participant's Name _____ Date _____

Age _____ Birth date _____ Office Phone _____

Address _____ Home Phone _____

1. Date of last completed examination _____

2. Please check any of the following conditions which are pertinent to this participant:

A. Contraindications (etiologic factors which would be absolute contraindications to participation in the UGA Personal Training Program).

B. Risk Factors

- _____ 1. Coronary Artery Disease
- _____ 2. Severe hypertension
- _____ 3. Significant cardiac dysrhythmia
- _____ 4. Significant valvular disease
- _____ 5. Significant EKG abnormality
- _____ 6. Chest pain (anginal type)
- _____ 7. Syncope
- _____ 8. Significant musculoskeletal disorder

- _____ 1. Mild hypertension
- _____ 2. Hypercholesterolemia
- _____ 3. Family history of heart disease
- _____ 4. Sedentary Life
- _____ 5. Smoking
- _____ 6. Obesity
- _____ 7. Non-Specific EKG
- _____ 8. Diabetes
- _____ 9. Abnormal Triglyceride levels

3. Other abnormalities that you are aware of: _____

4. List any medications the applicant is on: _____

Based upon the current review of the health status of _____, I recommend:

- _____ No physical activity
- _____ Stress Training prior to beginning an exercise program
- _____ Progressive physical activity
 - _____ With the avoidance of: _____
 - _____ Other Specific Recommendations: _____

_____ Unrestricted physical activity – start slowly and build up gradually

Signed: _____, M.D. Date: _____
Name of Physician: _____ Phone: _____

RETURN TO: Lisa Williamson, Assistant Director for Fitness and Wellness,
Department of Recreational Sports, 201 Ramsey Student Center, (706) 542-5060.

Fax number: (706) 542-5590