



College of Health and Human Performance
Living Well
UF Employee Wellness Programs

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Cassie Howard, M.S., Director

PHYSICIAN PERMISSION AND REFERRAL

Please type or print clearly.

Physician's Name Phone # Date

Physician's Specialty (Family Practice, Cardiology, Orthopedics, etc.)

Patient's Name (Living Well Program applicant)

I hereby give my patient permission to:

- 1. Participate in an exercise program. ()YES ()NO
2. Complete a health and fitness assessment. ()YES ()NO

The Living Well Program is not a phase II cardiac rehabilitation or physical therapy center.

The fitness assessment includes: resting heart rate and blood pressure measurements, flexibility (Sit & Reach) test, abdominal and upper body muscular endurance test, percent body fat estimate, and sub-maximal cycle ergometer cardiovascular test (heart rate only, no EKG).

Special instructions or indicated activities:

Contraindications to any activities:

Physician's Signature [Required] Date

Potential risks to exercise include accidental injury, abnormal blood pressure and/or heart rate response, fainting, extreme fatigue, and very rarely, myocardial infarction. Our fitness staff is CPR trained and makes every effort to minimize these potential risks.

The Living Well Program offers health enhancement activities including:

- Weight Management Stress Management
Diet/Nutrition Assessment CPR and Others

It Exercise Programs include:

- Fitness Assessments Lap Swimming Aquacise Classes
Walking/Jogging Aerobic Exercise Equipment Recreational Activities
Aerobic Dance Strength Training Equipment