



UNIVERSITY OF KENTUCKY

Human Resource Services
Health & Wellness Program
116A Seaton Building
Lexington, KY 40506-0219
(859) 257-9355
Fax: (859) 323-2616
www.uky.edu/HR/Wellness

To: \_\_\_\_\_

Re: Clearance for participation in an exercise program for \_\_\_\_\_
due to \_\_\_\_\_.

Dear Physician,

A patient of yours has requested permission to participate in the University of Kentucky Health & Wellness Program (UKHWP), a health improvement program that includes the opportunity to participate in structured exercise sessions. Based upon the results of this individual's health history and/or physical activity readiness (PAR-Q) questionnaires, clearance from their physician is required prior to their beginning exercise program.

Participants are given a personalized exercise prescription based on their health goals. This consists mainly of programs for improving the participant's cardiovascular endurance, body composition, and/or muscular strength. The types of activities involved may include:

- Aerobic classes (step, floor, kickboxing, water aerobics, resistance band, abdominals & stretching, etc...)
• Mind-Body classes (yoga, meditation, etc...)
• Individual cardiovascular exercise (treadmills, stairclimbers, etc...) and weight training (machines or free weights)

We appreciate your cooperation in helping us maintain a safe program and supporting your patient. If you have any questions regarding the Health & Wellness Program, please feel free to contact us at 257-9355. Thank you.

Jody Ensman, Health & Wellness Operations Manager

\_\_\_\_\_  
Patient's Last Name First Middle Phone

Date of Birth \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_ SS# \_\_\_\_\_

The above named individual:

- \_\_\_\_\_ Is capable of participating in the UKWP without restriction
\_\_\_\_\_ Is capable of participating in the UKWP, with the restrictions listed below
\_\_\_\_\_ Is not capable of participating in the UKWP at this time

Please list any restrictions or conditions the Program Manager should be aware of:

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_

Please fax to (859) 323-2616 or return to Jody Ensman, UK Wellness Program, 116A Seaton Center, Lexington, KY 40506-0219.