

# Letter to Physician

Your patient \_\_\_\_\_ wishes to become a member of the Cherokee Nation M.S.R.C. gym. This self-paced program involves progressive resistance training, flexibility exercises, and cardiovascular routine, increasing in duration and intensity over time.

After completing a Physical Activity Readiness Questionnaire (PAR-Q) and identifying a medical condition, we agree to seek your advice before participation in this physical activity program.

A physical examination is required, so please make recommendations or restrictions that are appropriate for your patient. Thank you.

**Please check one of the following that apply**

<input type="checkbox"/>	I am not aware of any contraindications toward applicant participation in this physical activity program.
<input type="checkbox"/>	The applicant should not engage in the following activities.
<input type="checkbox"/>	I recommend the applicant not participate in this physical activity program.

**Physician Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician Name (Print):** \_\_\_\_\_

**Clinic/Hospital Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number ( )** \_\_\_\_\_

Please fax completed form with cover sheet to **918-458-4466**. We sincerely appreciate your collaboration in this matter and your ongoing commitment to improving the health and well-being of our Cherokee Nation community.