



The Bear Method

FITNESS AND PERFORMANCE PROGRAM

PHYSICIAN ASSESSMENT

Patient Name

Address

City

State

Zip

Tel

____/____/____
Date of Birth

Medications: _____

The patient named above is able to participate in exercise testing and exercise training. Exercise testing may include graded exercise testing on a treadmill or bike ergometer beginning at a low level and gradually increasing to a submaximal (85% of max heart rate) or maximal effort. Various tests will also be administered to assess muscular strength, flexibility, and body composition.

Exercise training may include cardiovascular exercise of varying intensities, strength training using various modalities, stretching, instruction in body mechanics, and postural education.

No Limitations

Limitations as follows: _____

Additional Physician recommendations, if any: _____

Physician Signature

Date

Physician Name and Address

70 WEST 120TH ST

New York, NY 10027

PHONE: 917-287-2522 FAX:
646-607-9151

Reviewed:

06/09 ZR