

PIONEER ACTIVITY CENTER MEDICAL APPROVAL FORM

Dear Doctor,

Your patient, _____, wishes to become a member of the **PIONEER ACTIVITY CENTER** at the University of Wisconsin-Platteville. The facility provides its members with a 200 meter running track, tennis and racquetball courts, a swimming pool, and a strength facility. The strength facility features progressive resistance machines, free weight equipment and aerobic training equipment (ellipticals, bicycles, treadmills, etc.).

If your patient is taking medications that will affect his or her heart response to exercise, please indicate the medication and the manner of the effect (raises, lowers or has no effect on heart rate response) below.

MEDICATION: _____

EFFECT ON HR: _____

PLEASE COMPLETE THE FOLLOWING AND SIGN:

_____ has my approval to participate in the exercise programs
(patient name)
offered by the **PIONEER ACTIVITY CENTER**: (please check one)

_____ with no restrictions.

_____ with the following restrictions: _____

_____ does not have my approval to participate in
(patient name)
the exercise programs by the **PIONEER ACTIVITY CENTER**.

SIGNED _____ DATE: _____

If you have any questions contact: THE PIONEER ACTIVITY CENTER
UNIVERSITY OF WISCONSIN-PLATTEVILLE
1 UNIVERSITY PLAZA
PLATTEVILLE, WI 53818
(608)342-1568