Center for SUCCESSFUL AGING

HEALTH . VITALITY . WELL- BEING

CALIFORNIA STATE UNIVERSITY, FULLERTON

Aquafit

MEDICAL CLEARANCE OF PERSONAL PHYSICIAN

Your patient _____ is interested in participating in AquaFit, one of several physical activity programs offered by the Center for Successful Aging at California State University, Fullerton. The Center is under the direction of Koren Fisher, Ph.D., professor in the Department of Kinesiology.

Exercise Program: The level of intensity of the program is based on the individual capabilities of each participant. The class meets once per week for 60 minutes over a 6-week period. Each class will be instructed by a trained physical therapist with extensive education and experience in exercise science and aging. The class will use the natural properties of water to gain increases in aerobic, strength, and flexibility. The class format will consist of a 10-minute warm-up, followed by 40-minutes of exercises in the water including aerobic, strength, flexibility/mobility training, and conclude with a 5-minute cool-down.

Exercise Class Approval: yes ____ no _____

Please list any modifications/comments for testing and exercise class: _____

_____

Please indicate by your signature below that your patient is medically cleared to participate in the specific portions of testing and training as described. Please call Dr. Koren Fisher at (657) 278-7012 if you have any question concerning the program.

_____	_____	_____
Print Name of Physician	*Signature of Physician*	***Date***

Address: _____ *Physician phone #:* (____) _____ - _____

Center for Successful Aging
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