## **Exercise Prescription**

I herewith certify that has been evaluated to be physically f participate in community exercise classes.			
Pertinent Health Informa	tion:		
HT:	WT:	A1C:	_ BP:
Total CHOL:	HDL:	LDL:	TG:
Due to:			
<ul><li>□ Diabetes</li><li>□ Peripheral neuropathy</li><li>□ Retinopathy</li><li>□ Arthritis</li></ul>		Cardiovascular Disease Peripheral vascular disease Kidney disease Other:	<ul> <li>☐ Hypertension</li> <li>☐ Autonomic neuropathy</li> <li>☐ Asthma/COPD</li> <li>☐ Other:</li></ul>
☐ Cardiac History			
☐ Mobility Problems			
□ Injuries			
☐ Meds (beta blockers/diuret	ics)		_
Restrictions:			
Augustina Dia di di Gi			Dete
Attending Physician Signature			Date

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