

Physician Release Form For Exercise

_____ has expressed interest in participating in Women's Health Walk exercise class and research study.

The class involves walking five days a week, distances that will progressively increase from 1 to 3 miles per day. Every participant will be assigned to walk at a speed either at, or above, her ventilatory threshold. In practical terms that means either a comfortable speed or a more challenging speed causing some hyperventilation. The appropriate speed of walking will be established by using a standardized treadmill walking test, under the supervision of the study director or a Kinesiology graduate student, where speed of walking and work effort will progressively increase at 3 minute intervals.

Are there any medical reasons why _____ should not participate in this program? We are not requesting that you assume any liability, or personally endorse our program. We are simply requesting information about your patient regarding her suitability to initiate an exercise program. Thank you for your help.

Katarina T. Borer, Ph.D.
Professor
Division of Kinesiology
University of Michigan

Comments about patient:

Signed: _____

Date: _____

Please return to patient or send to Katarina Borer, Division of Kinesiology, 401 Washtenaw Avenue, Ann Arbor, MI, 48109-2214. Tel: (734)647-2703, FAX: (734) 936-1925.