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# Medical Evaluation

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## To be completed by a Health Care Provider for Participation in a Fitness Program.

*If you plan to have your health check completed at the SAS Health Care Center, you do not need to complete the following 2 pages.*

Dear Physician:

\_\_\_\_\_ has indicated an interest in participating in a physical fitness program sponsored by SAS Institute Inc. of Cary, North Carolina. The program is of mild to moderate intensity, designed for the capabilities and interests of each individual. The program is under the direction of a physical educator but is in no way designed as a coronary heart disease rehabilitation program.

In order for this individual to participate in the fitness program, certain medical guidelines, as outlined by the American College of Sports Medicine, must be adhered to. The guidelines for individuals over 35 years of age stipulate examination of medical history, complete physical examination (including a 12-lead ECG, blood pressure, or any contraindication to exercise), and a graded ECG monitored exercise test to determine physical work capacity, exercise prescription, and signs of cardiorespiratory disease. Such procedures may not be necessary for an individual under 35 years of age if certain criteria are met (see I. Below).

Would you please check the appropriate classification and screening procedures that you have completed on the above named individual and indicate whether or not he/she is capable of participating in a voluntary fitness program.

- I. 35 years of age or less and no known primary coronary heart disease (CHD) risk factors or symptoms. Primary CHD risk factors include hypertension, hyperlipidemia, and cigarette smoking.
- \_\_\_\_\_ A. I have examined this individual and found that he/she is capable of completing a physical fitness program.
- \_\_\_\_\_ B. I have examined this individual and suggest that he/she not participate in a fitness program.
- II. 35 years of age or less and a history or evidence of cardiovascular disease or a combination of CHD risk factors including family history, obesity, diabetes, physical inactivity, or any of the CHD primary risk factors.
- \_\_\_\_\_ A. I have examined this individual and found that he/she is capable of completing a fitness program.
- \_\_\_\_\_ B. I have examined this individual and suggest that he/she not participate in a fitness program.
- III. Over 35 years of age with no risk factors or known respiratory or cardiovascular disease or symptoms and recently medically screened.
- \_\_\_\_\_ A. I have examined this individual (including medical history, health habits, cardiopulmonary system, blood pressure, cardiac abnormalities, 12-lead resting ECG, and a graded ECG monitored exercise test) and have determined that he/she is capable of participating in a moderate exercise program.
- \_\_\_\_\_ B. I have examined this individual as outlined in III. B. and suggest that he/she not participate in any exercise program.

IV. Over 35 years of age and a history or evidence of cardiovascular disease or a combination of CHD risk factors including family history, obesity, diabetes, physical inactivity, or any of the CHD primary risk factors.

\_\_\_\_ A. I have examined this individual as stipulated in III. B. and found that he/she is capable of completing a fitness program.

\_\_\_\_ B. I have examined this individual and suggest that he/she not participate in any exercise program.

All information received in this medical evaluation is confidential and is available to the participant by request to the Recreation/Fitness Manager of the SAS Institute Fitness Program.

Signed \_\_\_\_\_ M.D. Date \_\_\_\_\_

Name of Physician \_\_\_\_\_  
(please print or type)

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

To be filled out by participant:			
Name _____			
Employee Number _____			
<b>Please indicate status below (check one):</b>			
Full time	Temporary employee	Summer employee	Spouse*
Part time	Registered Domestic partner*	Eligible family member*	Retiree*
* If you are not an employee please print the name of the employee with whom you are associated and their employee number: _____			