

Exercise Science Testing Laboratory

Lane Community College

Date _____

Dear Physician;

_____ has expressed a desire to participate in a fitness assessment at the Exercise Science Testing Laboratory at Lane Community College.

The following fitness assessment(s) is/are requested:

☐ **Basic Fitness Assessment:** Heart rate, blood pressure, Body Mass Index, body fat distribution (waist-to-hip ratio), body composition (7-site skinfold), cardiorespiratory endurance (YMCA submaximal VO_2), muscular strength (1-RM bench press and leg press), muscular endurance (push-ups, curl-ups), flexibility (sit & reach).

☐ **The Endurance Athlete:** Heart rate, blood pressure, Body Mass Index, body fat distribution (waist-to-hip ratio), body composition (7-site skinfold), Aerobic Power ($\text{VO}_{2\text{max}}$), muscular endurance (curl-ups, 8-RM leg press, YMCA bench press), flexibility (sit & reach).

☐ **The Power Athlete:** Heart rate, blood pressure, Body Mass Index, body fat distribution (waist-to-hip ratio), body composition (7-site skinfold), Anaerobic Power (Wingate Test), muscular strength (grip strength, 1-RM bench press and leg press), core endurance (curl-ups), flexibility (sit & reach), and vertical jump.

Participants will be encouraged to utilize a warm-up and cool-down before and after their fitness test, which may include light activity and stretching.

The pre-testing procedure consists of completion of a Health History Questionnaire and measurement of resting heart rate and blood pressure. This information is used to determine the participant's "exercise risk level" according to the American College of Sports Medicine's (ACSM) recommendations.

These assessments are not performed under medical supervision, but will be conducted by personnel trained in ACSM exercise testing guidelines.

Each of the fitness packages listed above includes vigorous exercise; although, modifications, substitutions, and omissions can be made to ensure the safety of all participants.

Listed health concern(s):

Blood Pressure Reading (If known):

I, _____, (print name of participant) consent to the release of this information to the Exercise Science Testing Lab at LCC.

Participant's Signature: _____ Date _____

Having read the description provided of the requested fitness test and having reviewed the above-named individual's medical history, it is my professional opinion that:

(Please check one)

☐ The above-named individual is an appropriate candidate for the requested fitness test(s).

☐ The above-named individual's participation in the requested fitness test(s) should be restricted as follows:

☐ The above-named individual should not participate in the requested fitness test(s) because:

Additional Comments:

Physician's Signature

Date

Physician's Name & Address (please print): _____

Physician's Phone #: _____

Please return to Marisa Hastie, LCC Exercise Science Testing Laboratory,
4000 East 30th Avenue, Eugene, OR 97405. FAX: (541) 463-3979