

LONG BEACH COMMUNITY COLLEGE DISTRICT
ADAPTED PHYSICAL EDUCATION
4901 EAST CARSON STREET
LONG BEACH CALIFORNIA 90808
(562) 938-4075

HEALTH CLEARANCE

Doctor's Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____

(Your name) _____ is considering enrollment in the Long Beach City College Adapted Physical Education program. This is an individualized activity program for adults with a history of disabilities or chronic conditions. Depending on the needs of each student, it may include activities to develop muscle strength, flexibility, cardio-respiratory exercise through treadmill (1.5-10 mph; 0%-22 grade; safety harness) – arm/leg ergometers – walking – jogging – wheelchair ambulation etc., progressive walking activities, and for those who are interested and able, modified sports and dance activities.

1. Is the above named person medically able to participate in such a program?

Please initial _____ Yes _____ No

2. What is the primary disability and any secondary issues we should be aware of?

3. Are there any medications or side effects from medications that we should be aware of relevant to this person's participation?

Medication:

Purpose:

Side effects:

MAXIMUM EXERCISE BLOOD PRESSURE

MAXIMUM EXERCISE HEART RATE

4. What program activities are suggested for this person (check and comment as necessary)?

Cardio-respiratory:

Upper Extremity Ergometry _____

Lower Extremity Ergometry _____

Treadmill _____

Distance Walking _____

Parallel Bars _____

Track _____

Strengthening _____

Flexibility _____

Progressive ambulation _____

Transfer activities _____

Other:

5. Please indicate any contraindicated activities:

6. Please indicate any precautions that should be taken with this person:

Physician's Signature: _____ Date _____

Thank you for your time assisting us in this matter.

Please return this form to:

Adapted Physical Education
4901 E. Carson Street
Long Beach, CA 90808