

Nicola Valley Institute of Technology

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MEDICAL APPROVAL - PARE

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH (YY/MM/DD) ___/___/___ (AGE: _____) MEDICAL NO. _____

GENDER: M / F

SECTION TO BE FILLED OUT BY PHYSICIAN

Resting BP: ___/___ Resting HR: _____ (bpm) Rhythm: _____

Tick off the following that apply:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this person over 40 and unaccustomed to vigorous physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have any form of cardiovascular disease? If so explain below. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have elevated cholesterol? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there heart disease in this person's family? If yes: Mothers side <input type="checkbox"/> or Fathers side <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person smoke? If so, how much: _____ pack/day |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this person have musculo-skeletal problems that would put them at risk during PARE? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it possible this person will require the use of a bronchodilator for participation in PARE? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have concerns this person completing a maximal cardiovascular test? |

Based on your physical examination and responses to these questions, do you believe this member is currently healthy enough to take part in the PARE, a maximal physical exertion test?

- Full Participation Walk only Not at all, explanations/recommendations:

AUTHORIZATION INFORMATION

Name and Address of Physician:	
Signature _____	Date ___/___/___

Office Use Only

* Please submit completed form to the office of the Registrar at the address above.