



**Oregon State University**  
**College of Public Health  
 and Human Sciences**

**Adaptive Exercise Clinic**  
**OSU Faculty Staff Fitness**  
 Oregon State University  
 123 Langton Hall  
 Corvallis, Oregon 97331

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**Adaptive Exercise Clinic**

health.oregonstate.edu/fsf/adaptive-exercise-clinic

- Please register first at [health/oregonstate.edu/fsf](http://health/oregonstate.edu/fsf)
- Complete and bring to 123 Langton Hall

**Medical Information and Physician Release**

***This section is to be filled out by your doctor or primary care physician.***

Participant's Name: \_\_\_\_\_ Date \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M / F

Hospital/clinic at which participant is usually treated: \_\_\_\_\_

Participant's Disease Course:

1. Benign Sensory \_\_\_\_\_
2. Relapsing Remitting \_\_\_\_\_
3. Secondary Progressive \_\_\_\_\_
4. Primary Progressive \_\_\_\_\_

Age of Onset \_\_\_\_\_

Severity of Condition: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Functional Capacity of Participant:

\_\_\_\_\_ Unrestricted

No restriction need to be placed on the participant relative to intensity or type of activity

\_\_\_\_\_ Restricted

Participant's condition is such that the intensity and type of the activity need to be limited

\_\_\_\_\_ Mild Restriction

Ordinary physical activity need not be restricted but unusually vigorous efforts need to be avoided.

\_\_\_\_\_ Moderate Restriction

Ordinary physical activity need to be moderately restricted and sustained strenuous efforts need to be avoided.

\_\_\_\_\_ Maximal Restriction

Ordinary physical activity needs to be markedly restricted.

Is the participant taking any medications? (Yes or no)

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date