

[SPONSORING AGENCY] *TARGETING FITNESS*

PHYSICAL FITNESS ASSESSMENT

IT HAS COME TO OUR ATTENTION THAT YOU HAVE A HEALTH CONCERN IN THE FOLLOWING AREA. PLEASE CALL YOUR HEALTH CARE PROVIDER AS SOON AS POSSIBLE TO SCHEDULE AN APPOINTMENT FOR A CONSULTATION AND CHECK-UP.

- _____ CHOLESTEROL
- _____ BLOOD PRESSURE
- _____ DIZZINESS/ BLURRED VISION
- _____ RESPIRATORY DISTRESS
- _____ JOINT PAIN
- _____ MUSCULAR PAIN
- _____ CHEST PAIN
- _____ OTHER

I GIVE MY PERMISSION FOR YOU TO CONTACT MY HEALTH CARE PROVIDER ABOUT THE ABOVE MENTIONED SYMPTOM.

NAME _____

PROVIDER _____

PHONE _____

SIGNATURE _____