

Chaffey College Adapted Physical Education Disability Verification and Exercise Guidelines

Student's Name (Print) Last, First () Male/Female

Street Address City Zip Code

() _____ (/ /) _____ - - _____
Phone Birthdate Age Social Security #

Disability/Condition: _____ Date of Onset: ____/____/____

Prognosis: _____

Medications Affecting Exercise: _____

Psychological Review

Exercise/Activities: Recommended or Contraindicated: (Please be specific. Attach sheet if necessary.)

Cardiovascular Guidelines: Students will exercise at 60% - 80% of their maximum heart rate (based on the Karvonen Formula) unless otherwise indicated. Please give alternative guidelines if necessary.

Hydro-Exercises/Swimming Guidelines: _____

Weight Lifting Guidelines: _____

Back/Neck Guidelines (flexion and/or hyperextension): _____

Health Care Professional (type or print) Address

Signature City Zip Code

Date () _____
Phone

It is understood that information furnished on this form is provided with a written release from the above-named student and will be used for the educational benefit of this student. Please return this form to Chaffey College as soon as possible to insure a class space for this student.

Send Form To: Disability Programs & Services-Mr. Stetkevich

Chaffey College

5885 Haven Ave.

Rancho Cucamonga, CA 91737-3002

**Or Fax Form To: (909) 466-2834 or if you have any
questions please call DPS at (909) 941-2323.**

Student's Signature