



Exercise Prescription

Name _____ Date of Birth _____

Goals _____

- Risk Assessment**
- PAR-Q: Cleared Not Cleared
 - Risk Factors: Low Risk Moderate Risk High Risk
 - Exercise Stress Test: Pass Fail

Comments _____

Intensity (Check desired measure type and intensity level):

Measure	Intensity		
	Low	Moderate	Vigorous
<input type="checkbox"/> "Talk Test"	<input type="checkbox"/> Able to talk and/or sing	<input type="checkbox"/> Able to talk but not sing	<input type="checkbox"/> Difficult or unable to talk
<input type="checkbox"/> Perceived Exertion (10 Point Scale)	<input type="checkbox"/> <3	<input type="checkbox"/> 3-4	<input type="checkbox"/> ≥5
<input type="checkbox"/> Maximal Heart Rate (HR _{max}) = _____ <i>Calculating HR_{max} = 206.9 - (0.67 x age)</i>	<input type="checkbox"/> <64% = _____	<input type="checkbox"/> 64-76% = _____	<input type="checkbox"/> >76% = _____

Comments _____

FITT Plan

Exercise Prescription:	Cardio/Aerobic	Strength/Resistance	Flexibility/Stretching	Balance
F - Frequency times per week				
I - Intensity (e.g., low, moderate, vigorous)				
T - Time/duration minutes each day				
T - Type (e.g., walking, jogging, swimming)				

Comments _____

Recommended by _____ Date _____

Reassessment Appointment _____