



Dear Doctor _____: Date _____

Your patient, _____ wishes to begin our SeniorFit exercise program at the Brock Functional Inclusive Training Centre (Bfit). _____ will be participating in an exercise program that will consist of cardiovascular conditioning, strength training, balance training and flexibility exercises. We would appreciate your support towards your patient’s fitness goals.

As _____’s physician, you will have a thorough understanding of his/her past medical history and be able to recommend if any diagnostic testing is necessary or provide us with any restrictions that you feel necessary in regard to their exercise regime before they begin to exercise with us.

Your patient will be exposed to the following inherent risks, including but not limited to:

- all manner of injury from physical exertion and cardiovascular output, including dizziness, shortness of breath, chest discomfort, leg cramps, sprains and/or strains;
- all manner of injury resulting from misuse, non-use and/or failure of any equipment;
- all manner of injury from exerting and/or stretching various muscle groups;
- all manner of injury arising from tripping and/or falling and impacting against the floor surface, walls, apparatus/equipment, the ground, other participants, or trainers;
- all manner of injury arising from falls during balance activities;
- abnormal blood pressure, lightheadedness or fainting, and irregular heartbeat and in rare cases, HEART ATTACK, CARDIAC ARREST AND EVEN DEATH.

Every effort will be made to minimize the risks during your patient’s participation in the SeniorFit program. Staff are trained in basic cardiopulmonary resuscitation (CPR), first aid, and will have access to an Automated External Defibrillator.

Please check the appropriate circle below regarding whether your patient can partake in exercise with no restrictions, or exercise with restrictions and/or further diagnostic testing. If you feel this program is inappropriate for your patient at this time, please let them know verbally.

No Exercise Restrictions:

_____ is able to begin an exercise program with the Brock SeniorFit program with no restrictions.

Please check this circle for no restrictions.

Brock Functional
Inclusive Training
Centre

2021 Canada Games Way
Thorold, Ontario
L2V 4Y6



**TD READY
COMMITMENT**





Exercise Restrictions:

_____ is able to exercise with us, but you would like to place certain restrictions on his/her program.

Please check this circle if restrictions are required and list below.

Diagnostic Testing:

It is my recommendation that _____ undergo the following diagnostic testing before they initiate an exercise program with SeniorFit.

Please check this circle if you require further testing and then indicate tests below.

Test(s) to be performed:

Exercise Restrictions once we receive test results from your office:

Signed: Dr. _____

Date: _____

Thank you for your involvement with Bfit . Please feel free to contact me for any further information that you require.

Ally Fast, R.Kin., CSEP-CEP
Manager, Brock Functional Inclusive Training Centre (Bfit)
afast@brocku.ca
Phone: 905-688-5550 ext. 5585 Fax: 905-378-5724

Brock Functional
Inclusive Training
Centre

2021 Canada Games Way
Thorold, Ontario
L2V 4Y6

