Citrus College

Disability Verification/Medical Release Form

Adapted PE Program • 1000 W. Foothill Blvd., Glendora, CA 91741-1899 • **Fax Number: (626) 852-8018** • www.citruscollege.edu

Email or Fax to:

Steve Hartman, Adapted Physical Education Instructor (626) 914-8685, **OR** (626) 852-8018 Fax shartman@citruscollege.edu

Cheri Swatek,AdaptedAquatics Instructor (626) 852-6464 (626) 852-8018 Fax cswatek@citruscollege.edu

(Please Print)

Student Name, Last _____ First _____ Middle _____

Address _____ City _____ Zip _____

Phone ( ) _____ Birthdate _____ Age ____

DESCRIPTION OF DISABILITY/**DIAGNOSIS**: _____

Degree of Disability: ☐ Permanent ☐ Temporary (45 days or greater) ☐ Temporary (less than 45 days)

☐ Are there any medications or side effects from medications that we should be aware of relevant to this person's participation?

Medication	**Purpose**	**Side Effects**
_____	_____	_____
_____	_____	_____

☐ Permission to return to exercise program: ☐ Yes ☐ No Date: _____

☐ The following are **EXERCISES AND/OR ACTIVITIES RECOMMENDED:**
For this student, please be specific (attach sheet if necessary):

_____

_____

☐ The following are **PHYSICAL OR FUNCTIONAL LIMITATIONS** (contraindicated exercises):
For this student, please be specific (attach sheet if necessary):

_____

☐ Has this person experienced seizures in the past? ☐ Yes ☐ No If yes, date of the last seizure _____
Is this person currently experiencing seizures? ☐ Yes ☐ No
☐ Permission to begin exercise program? ☐ Yes ☐ No Date _____

ADAPTED AQUATICS ONLY

Should any special precautions be taken?_____

☐ Needs to wear nose clip ☐ Should **not** dive ☐ Should **not** put head under water
☐ Needs to wear ear plugs ☐ Should **not** hold breath ☐ Has allergic reaction to pool cleaning agents (i.e. clorine)
☐ Needs specific water temperature _____ºF. ☐ Should **not** hyperventilate ☐ Other (explain) _____

_____ _____
Licensed/Certified Professional (PRINT or stamp) Signature of Licensed/Certified Professional

_____ _____
Address Phone Number

_____ _____
City Zip Code Date

ALL information will be held in strictest confidence and will in no way interfere with the student's educational plans. Please return this form to Citrus College as soon as possible to insure a class space for this student.

REV:7/15

Date _____
Doctor's Name _____
Telephone _____ Fax # _____
Address _____
City _____ State _____ Zip _____

Dear Licensed/Certificated Professional:

I have recently enrolled (or plan to enroll) in the Adapted PE/Adapted Aquatics class at Citrus College. These courses are designed to assist me in developing a personal exercise program. In order to provide services, Citrus College must have a verification of disability.

The Citrus College Fitness Center is equipped with weight machines, mats, flexacisers, stationary and recumbent bikes, arm ergometers, individual hand weights, therapy putty, balance boards, stair climbers, rickshaw, rowing machines, stand-aid machines, heart rate monitors and wall pulleys with weights.

The Aquatics Center is comprised of an Olympic size pool and a 12' X 20' therapeutic pool. In addition, the pool is equipped with a ramp, a lift, support bars and other assistive equipment for disabled access and assistive devices for exercise in the pool.

At this time, I would appreciate any information you can provide concerning the following important health-related areas (attached is a Disability Verification/Medical Release form). Your input will assist the staff at Citrus College in the process of developing the most appropriate exercise program for me.

Student's Signature

Print name Last First

Mail to:
Steve Hartman, Adapted PE Instructor **or** Cheri Swatek, Adapted Aquatics Instructor

Adapted Physical Education Center
Fitness Center
1000 West Foothill Boulevard
Glendora, California 91741-1899

Or FAX to: (626) 852-8018

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