

Exercise Prescription

Name					Date of Birth			
Goals								
Risk Assessment ☐ PAR-Q: ☐ Risk Factors: ☐ Exercise Stress To		☐ Cleared ☐ Not Cleared ☐ Low Risk ☐ Moderate Risk ☐ High Risk lest: ☐ Pass ☐ Fail			isk			
Comments								
Intensity (Check desired measure type and intensity level):								
Measure	Intensity							
		Low		Mod	erate	Vigorous		
☐ "Talk Test"	☐ Able to talk and/or si		ing	ble to talk but not sing	☐ Difficult or unable to talk			
☐ Perceived Exertion (10 Point Scale)		□ <3		□ 3-	-4	□ ≥5		
☐ Maximal Heart Rate (HR_{max}) = Calculating HR_{max} = 206.9 - (0.67 x age)		□ <64% =		□ 64	4-76% =	□ >76% =		
Comments								
FITT Plan								
Exercise Prescription: Cardio/Aero		Strength/ Pobic Resistance			Flexibility/ Stretching	Balance		

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				
ceassessment Appointm	ient			

Adapted from the American College of Sports Medicine's Exercise is Medicine: A Clinicians Guide to Exercise Prescription. Philadelphia (PA): Lippincott Williams & Wilkins; 2009: 99-133.