

DATE:

TO:

FROM: Carol Shaw, Program Coordinator

Thank you for your interest in our Adult Fitness Program

Prior to your exercise evaluation at the Human Performance Laboratory, you will need to complete the enclosed health history questionnaire and the PARQ form. You physician needs to complete the physician's consent form. Please return these forms to our office.

The complete forms should be sent to:

Dr. David W. Bacharach
St. Cloud State University
Halenbeck Hall 111
720 4th Avenue South
St. Cloud, MN 56301-4498

After receiving the completed forms, I will contact you to schedule and appointment for your exercise evaluation.

Thank you.

Enclosures