



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 Name) _____ (First Name) _____

Mail to:

Cheri Swatek, Adapted Aquatics Instructor
Adapted Physical Education Center/Fitness Center
1000 West Foothill Boulevard
Glendora, California 91741

Or FAX to (626) 852-8018