

**Email to:**

Cheri Swatek, Adapted Physical Education Instructor  
 (626) 852-6464, 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? \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Needs to wear nose clip                    | <input type="checkbox"/> Should <b>not</b> dive           | <input type="checkbox"/> Should <b>not</b> put head under water                        |
| <input type="checkbox"/> Needs to wear ear plugs                    | <input type="checkbox"/> Should <b>not</b> hold breath    | <input type="checkbox"/> Has allergic reaction to pool cleaning agents (i.e. chlorine) |
| <input type="checkbox"/> Needs specific water temperature _____ °F. | <input type="checkbox"/> Should <b>not</b> hyperventilate | <input type="checkbox"/> Other (explain) _____   |

\_\_\_\_\_  
 Licensed/Certified Professional (PRINT or stamp)

\_\_\_\_\_  
 Signature of Licensed/Certified Professional

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 City Zip Code

\_\_\_\_\_  
 Date



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.

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Student's Signature

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Print name                      Last                      First

**Mail to:**  
 Cheri Swatek, Adapted Aquatics Instructor

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