



SACRAMENTO STATE

Cardiovascular Wellness Program Medical Clearance Form

Patient's Name _____ DOB _____

Patient Address _____ Patient Phone _____

Referring Physician _____ Physician Phone _____

Most recent ETT (date) _____ Most recent ECG _____ (attach reports please)

Most recent lipid panel (date) _____ Most recent HbA1c (date) _____ (attach reports please)

Most recent cardiac event _____ Date _____

Prior participation in hospital-based cardiac rehab? [] yes [] no If yes, please complete following:

This patient completed _____ sessions of the outpatient cardiac rehabilitation program at _____ (name of facility). Final session date _____

Please check all that apply:

	Male <45 years or female <55 years who have no symptoms or known heart disease or major coronary risk factors.	Class A: Apparently Healthy Individuals.
	Male ≥ 45 years or female ≥ 55 years who have no symptoms or known heart disease and have < 2 major cardiovascular risk factors.	
	Men > 45 years and women > 55 years who have no symptoms or known presence of heart disease and with > 2 major cardiovascular risk factors.	Class B: Presence of Known, Stable Cardiovascular Disease With Low Risk for Complications With Vigorous Exercise, but Slightly Greater Than for Apparently Healthy Individuals
	Congenital heart disease *	
	Cardiomyopathy: ejection fraction <30%; includes stable patients with heart failure with clinical characteristics as outlined below but not hypertrophic cardiomyopathy or recent myocarditis	
	Exercise test abnormalities that do not meet any of the high risk criteria outlined in class C	
	People with CAD (MI, CABG, PTCA, angina pectoris, abnormal exercise test, and abnormal coronary angiograms) whose condition is stable and who have ALL clinical characteristics outlined below.	
	Valvular heart disease, excluding severe stenosis or regurgitation with the clinical characteristics as outlined below.	
	NYHA class 1 or 2	
	Exercise capacity > 6 METs	
	No evidence of congestive heart failure	
	No evidence of myocardial ischemia or angina at rest or during the exercise test at or below 6 METs	
	Appropriate rise in systolic blood pressure during exercise	
	Absence of sustained or non-sustained ventricular tachycardia at rest or with exercise	
	Ability to satisfactorily self-monitor intensity of activity	

I recommend that this person participate in the CSUS Cardiovascular Wellness Program. I concur that he/she falls into either category A or B of the above risk stratification outline.

Special instructions that apply to this patient during an exercise program:

Physician Printed Name _____ Address _____

Physician's Signature _____ Date _____

Please direct any questions about the Cardiovascular Wellness Program to: phone 916-278-4402, or email:

csuscvwellness@gmail.com. Fax # 916-278-1949