UNIVERSITY
OF
CALIFORNIA

work STRONG
University of California

UC WorkStrong Program
Physician's Release Form

The patient listed below has been selected by UC to participate in the UC WorkStrong program, which is designed to improve the overall health and fitness level of UC employees who have had workplace injuries.

Please complete this form, which will be used to help design an individualized exercise program. All exercise sessions are one on one, with a qualified exercise professional at UC.

Patient's Name: _____ DOB: _____/_____/_____

Can your patient participate? Check one:

☐ I know of no reason why this patient should not participate.

☐ Patient may participate:

- ☐ **Use caution** with the following exercises/activities: _____
- ☐ **Avoid** the following exercises/activities: _____
- ☐ **Pending** a 2nd Physician Release from PCP or other Specialty (please specify):

_____

Comments: _____

_____

_____

If patient can participate, check all that apply:

Patient would benefit from participation for the following reasons:

☐ increase lower body strength
☐ increase upper body strength
☐ increase core strength
☐ reduce a high BMI
☐ improve balance
☐ reduce non-industrial comorbidities
☐ improve overall fitness

Physician Signature: _____ Date: _____/_____/_____

Printed Name: _____ Phone Number: _____

Please fax or email completed paperwork to:

WorkStrong Coordinator Contact: Barbra Ross Email: bross@ucdavis.edu

Phone: 916-734-6128 Fax:916-734-2484