Health Care Provider Exercise Guidance Form

Participant name: _____ **Date of birth:** _____

Class / program name: _____ **Date:** _____

Class Description

Classes are led by **Jim Levy, National Strength and Conditioning Association Certified Personal Trainer and Shotokan karate black belt**.

Examples of class activities are listed below by approximate intensity. Similar exercises within the same intensity and movement categories may also be used, with modifications based on participant ability and current readiness.

Approximate Intensity	Activity Examples and Focus
Moderate to Vigorous	**Jump rope with or without weighted ropes** Focus: endurance, mobility, balance, and stability.
Moderate	**Non-sparring karate fundamentals** Focus: mobility, power, balance, stability, and posture.
Low	**Isometric exercises** Examples: front planks, side planks, and wall sits. Focus: core and quadriceps strength/endurance. **Resistance exercises** Examples: push-ups, hand grippers, and band pull-aparts. Focus: upper-body, grip, and upper-back/postural strength.

Health Care Provider Guidance

Based on my evaluation of the participant:

☐ **No restrictions for exercise participation.**

☐ **Exercise participation is recommended with the following restrictions or modifications:**

_____
_____

_____
_____

_____
_____

Additional recommendations, if any:

_____
_____

_____
_____

Health care provider name: _____ **Credentials / license:** _____

Phone / email: _____ **Signature:** _____

Date: _____

This form provides health care provider guidance for exercise participation. It does not replace the participant forms or PAR-Q+ instructions.