

**INMATE HEALTH PROMOTION AND DISEASE  
PREVENTION REFERRAL**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

Name \_\_\_\_\_ Reg. Number \_\_\_\_\_

Work Assignment \_\_\_\_\_ Unit \_\_\_\_\_

I have advised this patient that, for medical reasons, he/she should consider taking part in \_\_\_\_\_  
(name of HPDP program)

I have also advised this patient that he/she can take part in physical activities, excepting those marked with an "X,"h with the following restrictions:

ACTIVITIES

RESTRICTIONS

- Walking
- Jogging
- Aerobics
- Stationary Cycling
- Weight Training
- Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- low intensity level
- moderate intensity level
- high intensity level
- extremely vigorous intensity level

- <40% Max HR
- 40-60% Max HR
- 60-80% Max HR
- >80% Max HR

Age Predicted Max Heart Rate: 220- \_\_\_\_\_ = \_\_\_\_\_ Max HR  
(age)

Other comments or special instructions:

forwarded to:

- 1. Inmate's medical chart
- 2. Health Promotion and Disease Prevention Committee Chairperson

Program Dates: \_\_\_\_\_

\_\_\_\_\_ Completed.

\_\_\_\_\_ Not Completed. Explain:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_