

Rx : Be Active

Exercise Prescription & Referral



NAME: _____ DOB: _____ DATE: _____

HEALTH CARE PROVIDER'S NAME: _____ SIGNATURE: _____

Regular physical activity improves overall health and reduces the risk of many health problems.

- **Infants:** Limit time in swings & carriers; allow exploration of play area **every day**
- **Toddlers:** At least 30 minutes of planned activity + 60 minutes of free play **every day**
- **Preschoolers:** At least 60 minutes of planned activity + 60 minutes of free play **every day**
- **Youth (ages 6-17):** At least **60 minutes** of physical activity (include bone & muscle building) **every day**
- **All:** Limit screen time to no more than two hours **every day**

Physical Activity Recommendation:

| ACTIVITIES | | YOUR PHYSICAL ACTIVITY GOAL | |
|---|---------------------------------------|-----------------------------|--|
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Running | Minutes per day: | |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Swimming | Days per week: | |
| <input type="checkbox"/> Group Sports | <input type="checkbox"/> Walking | Total minutes per week: | |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Yoga | | |
| <input type="checkbox"/> Walk or Bike to school | <input type="checkbox"/> Other: _____ | | |

Comments/Restrictions: _____

Physical Activity Referral:

Name: _____

Phone: _____

Address: _____

Website: _____

Notes: _____

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