KAISER PERMANENTE® thrive

[redacted] (M.D.)
STATION 4
27303 Sleepy Hollow Ave South
Hayward CA 94545-4203
Dept: 510-675-4050
Main: 510-784-4000

Patient Name: [redacted]
Encounter Date: 10/18/2012

Please see below for this health care provider's directives and information relating to this encounter.

PE Class/Sports/Exercise Status Report

Date onset of condition:
Next Appointment Date:

No PE Class/Sports/Exercise
This patient placed on permanent off activity.

Other needs and/or restrictions:
Patient with history of heart/lung transplant, please excuse from PE.

This form has been electronically signed and authorized by [redacted] (M.D.)

This form contains your private health information that you may choose to release to another party; please review for accuracy.