



## ***Medical Release Form***

Patient Name \_\_\_\_\_  
Name of Physician \_\_\_\_\_  
Physician Phone \_\_\_\_\_ Fax \_\_\_\_\_

This form serves as a medical release for \_\_\_\_\_. I have assessed his/her physical condition and have determined that they are cleared for physical activity (at a Moderate or Vigorous level). Any limitations or restrictions to physical activity are listed below or can be found on an attachment, which must accompany this document.

*Restrictions:*

*Limitations:*

*Additional Comments:*

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

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