PHYSICIAN’S EXERCISE RELEASE

I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have found the following:

* The above named may participate fully in a progressive physical activity program consisting of cardiorespiratory, strength, flexibility, agility, jumping, and plyometric training without any limitation.

-or-

* The above named should NOT participate in a progressive physical activity program consisting of cardiorespiratory, strength, flexibility, agility, jumping, and plyometric training without any limitation.

-or-

* The above named may participated in a progressive physical activity program with the following limitations and/or contraindications:

NOTES:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (PRINT)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature