

▶ Medical Release

PLEASE COMPLETE THE FOLLOWING INFORMATION

It is my understanding that _____ will be participating in a fitness evaluation and exercise program. This patient is permitted to participate in the following activities.
(Please check all that apply.)

- 1. Comprehensive physical fitness assessment including:
 - submaximal aerobic capacity test for cardiovascular endurance
 - resting heart rate, resting blood pressure
 - body composition analysis
 - flexibility
 - baseline upper and lower body strength measures
 - baseline upper and lower body endurance measures
 - other: _____
- 2. Exercise/rehabilitation program including:
 - resistance exercise program
 - cardiovascular exercise program
 - nutritional recommendations
 - other: _____

Please check the appropriate response:

- This patient may participate with no restrictions.
- This patient may participate with the following limitations: _____

- This patient may not participate. *(If checked, the individual will not be accepted.)*
- Other:

Diagnosis/Recommendations/Comments: _____

SIGNATURE

PHYSICIAN NAME *(please print)*

PHYSICIAN SIGNATURE

DATE

PARTICIPANT NAME *(please print)*

PARTICIPANT SIGNATURE

DATE

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