

BarrowFit Exercise Therapy & Wellness Inc - Medical Release

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/post rehabilitation program including:

- ☐ Resistance exercise program
- ☐ Cardiovascular exercise program
- ☐ Nutritional recommendation
- ☐ 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:

PHYSICIAN NAME:(please print)_____

PHYSICIAN SIGNATURE:_____ **DATE:**_____

PARTICIPANT NAME:(please print)_____

PARTICIPANT SIGNATURE:_____ **DATE**

