

► 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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