

**► 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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