Dear Doctor:

Your patient _____ _____ wishes to take part in an exercise or swim program at the Herby Ham Activity Center. FYI: The swim classes take place in a heated (82-88 degrees) pool.

Your patient _____ _____has completed and signed a waiver and informed consent form (attached), however, we also require your approval and advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our program, but giving your patient permission to participate. Please identify any recommendations or restrictions for your patient's swim or exercise program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize _____ _____ to release to the Herby Ham Activity Center, health information concerning my ability to participate in an exercise or swim program. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without my written consent.

Member's signature	Date
Trainer's signature	

Physician's Recommendations

	I am not aware of any contraindications toward participation in a swim or exercise program.
	I believe the applicant can participate, but urge caution because:
	The applicant should not engage in the following activities:
	I recommend the applicant **NOT** participate in the above swim or exercise program.

Physician's signature		Date
Physician's name (print)	Phone	Fax
Address	City	State & Zip