

MEDICAL RELEASE FORM

Section I: Medical Information Release

(To be completed by fitness professional)

Dear Physician:

Your patient, _____, has expressed interest in participating in a personalized exercise program. The program will involve the following:

Type of Activity:

Time/Duration/Intensity:

Cardiovascular
Resistance Training
Flexibility
Other

Additional Notes from Fitness Professional:

Section II: Physician Approval

(To be completed by participant's physician)

If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response):

Please indicate patient recommendations or restrictions regarding this exercise program:

_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Physician Signature: _____ Date: _____

Please Print Name: _____ Phone: _____

I hereby give my physician permission to release any pertinent medical information from my medical records to _____. I understand that this information will be kept confidential.

Participant Signature: _____ Date: _____