

# 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

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Additional Notes from Fitness Professional:

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## 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):

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Please indicate patient recommendations or restrictions regarding this exercise program:

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\_\_\_\_\_ 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: \_\_\_\_\_