



## Medical Release Form

Date: \_\_\_\_\_

Dear doctor:

Your patient, \_\_\_\_\_, wishes to start an exercise program which will involve the following activities:

If there are any contraindications to starting this exercise program please list below.

Please identify any recommendations or restrictions that are appropriate for your patient for this exercise program.

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

As the individual's physician, I am not aware of any medical condition that would prevent my patient from participating in the exercise program listed above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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