

Physician's Release Form

I have examined _____
Client's Name

I have found the following:

_____ The above named may participate fully in a progressive physical activity program consisting of cardiovascular, strength and flexibility training without limitation.

or

_____ The above named may participate in a progressive physical activity program with the following limitations:

Also,

Please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write NONE".

Physician's Signature	Date
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