

Physician's Release for Exercise Form

Health Care Professional:

Dr. _____

Please REMIT TO:

Attn. FITNESS DIRECTOR:

PHYSICIAN'S RELEASE FOR EXERCISE

It is my understanding that _____ will be participating in a fitness evaluation and/or exercise program. I understand that aspects of the program include the following activities:

1. A submaximal (bicycle ergometer) test.
This test is used to estimate the member's maximal oxygen consumption ($\dot{V}O_2$ max). Blood pressure and pulse rate will be carefully monitored and the test will be terminated either by voluntary consent or by criteria established by the American College of Sports Medicine.
2. Other physiological tests include:
 - A. Resting heart rate, resting blood pressure
 - B. Body composition (skinfolds)
 - C. Abdominal strength; sit-ups in one minute
 - D. Flexibility; sit and reach
 - E. Other _____
3. Exercise program including:
 - A. Weights
 - B. Cardiovascular exercise
 - C. Other _____

As the individual's attending physician, I am not aware of any medical condition which would prevent him/her from participating in the exercises outline above.

Signed _____

Date _____

Note: If there are any contradictions to this fitness evaluation and exercise program, please list in the remaining spaces below.
