



Fitness Command

Medical Release

PLEASE COMPLETE THE FOLLOWING INFORMATION

It is my understanding that _____ will be participating in a fitness evaluation and exercise program. This patient is permitted to participate in the following activities. (Please check all that apply.)

- 1. Comprehensive physical fitness assessment including:
- submaximal aerobic capacity test for cardiovascular endurance
- resting heart rate, resting blood pressure
- body composition analysis
- flexibility
- baseline upper and lower body strength measures
- baseline upper and lower body endurance measures
- other: _____
2. Exercise/rehabilitation program including:
- resistance exercise program
- cardiovascular exercise program
- nutritional recommendations
- other: _____

Please check the appropriate response:

- This patient may participate with no restrictions.
- This patient may participate with the following limitations: _____

Empty box for listing limitations.

This patient may not participate. (If checked, the individual will not be accepted.)
[X] Other:

Diagnosis/Recommendations/Comments: _____

SIGNATURE

PHYSICIAN NAME (please print)

PHYSICIAN SIGNATURE DATE

PARTICIPANT NAME (please print)

PARTICIPANT SIGNATURE DATE

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