Functionally Fit LLC

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:
- ❒ This patient may not participate. *(If checked, the individual will not be accepted.)*
- ❒ Other:

Diagnosis/Recommendations/Comments:

Signature

PHYSICIAN NAME *(please print)*

PHYSICIAN SIGNATURE DATE

PARTICIPANT NAME *(please print)*

PARTICIPANT SIGNATURE DATE

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