

**MEDICAL RELEASE FORM**

**Section I: Medical Information Release**

Dear Physician:

Your patient, \_\_\_\_\_, has expressed interest in participating in a personalized exercise program. The program will involve the following:

Type of Activity:

Time/Duration/Intensity/Frequency:

Cardiovascular

\_\_\_\_\_

Resistance Training

\_\_\_\_\_

Flexibility

\_\_\_\_\_

Other

\_\_\_\_\_

Additional Notes:

\_\_\_\_\_

**Section II: Physician Approval**  
*(To be completed by participant's physician)*

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

\_\_\_\_\_

\_\_\_\_\_

Please indicate patient recommendations or restrictions in regard to exercise:

\_\_\_\_\_

\_\_\_\_\_

(Patient's name) \_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give my physician permission to release any pertinent medical information from my medical records to Patty Lyons, Studio P Oakland. I understand that this information will be kept confidential.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_