



MEDICAL RELEASE FORM

Jewish Community Center, 7300 Hart Ln, Austin, TX 78731, Tel. 512-735-8000, Fax 512-735-8043

Dear Doctor:

Your patient _____ wishes to take part in an exercise program and/or fitness assessment. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program; increasing in duration and intensity over time. The fitness assessment may include a sub-maximal cardiovascular fitness test and measurements of body composition, flexibility, and muscular strength and endurance.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below.

Patient's Consent and Authorization

I consent to and authorize _____ (Dr.'s Name) to release to Shalom Austin Jewish Community Center and _____ (Trainer's Name) health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Member's signature _____

Physician's Recommendation

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: _____

If your patient is taking medications that will affect their heart rate response to exercise, please indicate any effect (raises, lowers, has no effect on heart rate response): _____

_____ The applicant has my approval to begin an exercise program with the recommendations or restrictions stated above.

_____ I would recommend that the applicant NOT participate in an exercise program.

Physician's Signature: _____ Date: _____ Phone: _____