

Physician's Exercise Release

I have examined _____

I have found the following:

The above named may participate fully in a progressive physical activity program consisting of cardiorespiratory, strength, and flexibility training without limitation.

— or —

The above named may participate should NOT participate in a progressive physical activity program consisting of cardiorespiratory, strength, and flexibility training without limitation.

— or —

The above named may participate in a progressive physical activity program with the following limitations:

Notes:

x _____
Physician's Name (Print)

Date: _____

x _____
Physician's Signature