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

Please note: possession of this form does not indicate certification status with the ISSA. To confirm active certification status, please call 1.800.892.4772 (1.805.745.8111 international). Information gathered from this form is not shared with ISSA. ISSA is not responsible or liable for the use or incorporation of the information contained in or collected from this form. Always consult your doctor concerning your health, diet, and physical activity.