

PHYSICIANS RELEASE FORM

To be filled out by anyone having any health problems or anyone over the age of 35 years of age

If you receive this fax in error please notify the sender immediately! This fax is only intended for the physicians listed below!

Attn: Dr. _____ Phone: _____ Fax: _____

Client (patient) Name: _____ DOB: _____

I _____ (participant) do hereby grant permission to the above doctor to release any medical information needed for my participation in TOTAL BODY GYM & TANS exercise programs. X _____ Date: _____

The above patient has enrolled in an exercise program with TOTAL BODY GYM & TAN, please check one of the following for your patient and return as soon as possible.

1. Patient is recommended & advised to participate fully in a progressive physical activity program consisting of cardiovascular, strength & flexibility training WITHOUT limitation. DX: _____ (required) if no DX (check) for DX: cardiovascular exercise

2. Patient has not been seen and needs to schedule a visit with us for a checkup.

3. The above named is recommended & advised to participate in a progressive physical activity program consisting of cardiovascular, strength & flexibility training. Please list limitations below:

DX: _____ (required) if no DX (check) for DX: cardiovascular exercise

Listed below are medications that patient is currently taking that may affect HEART RATE & OR BLOOD PRESSURE response to exercise (elevating or suppressing). If none, please write none. _____

Date: _____ Physicians Signature: _____

Please return this form as soon as possible, as clients maybe waiting for authorization in order to begin!

MAIL THIS FORM TO: TOTAL BODY GYM & TAN, 202 N. WELLS, EDNA, TX, 77957; 361.782.5772