

PHYSICIAN'S RELEASE FORM

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

Fax: _____

Attention: Dr: _____ Phone: _____

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.

SIGNATURE: _____ 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: _____ 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 WITH limitation. DX: _____ if no DX (Check for DX): Cardiovascular exercise.

LIMITATIONS listed: _____

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

PHYSICIANS SIGNATURE: _____ **DATE:** _____

Please return this form as soon as possible, as client maybe waiting for authorization to start.

Mail this form to: Total Body Gym & Tan, 202 N. Wells, Edna, TX 77957
Email this form to: owner@mybodygym.com or fax: 361-782-9220
Questions: Call 361-782-5772