

Annual Medical Release Form

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Dear (Healthcare Provider's name) _____:

Your patient, _____, wishes to participate in the following physical activity and training programs.

Patient, please list your current goals and proposed physical activity plan for each activity or training program.

YOGA: _____
WALK/RUN: _____
HIKE/SHOWSHOE: _____
WEIGHT TRAINING: _____
OTHER: _____

Healthcare Provider, please list any restrictions that you would recommend for each activity or training program.

Physical limitations:

YOGA: _____
WALK/RUN: _____
HIKE/SHOWSHOE: _____
WEIGHT TRAINING: _____
OTHER: _____

Medications: _____

Other restrictions: _____

(Patient name) _____ has my approval to participate in these physical activity and training programs with the restrictions described above.

Healthcare Provider's Signature: _____ Date: _____
(To be updated annually)

**Submit this signed form to the Program Leader when you attend your first program,
OR mail to the above address**