



Medical Release

1202 West Thomas Road
Phoenix, AZ 85013
Phone: 602-285-7295
Fax: 602-285-7755

It is my understanding that, _____,
may be participating in exercise and/or fitness activities at Phoenix College and has been referred to a health care practitioner for medical clearance.

As the participant's attending health care practitioner, I am aware of medical condition(s) that would limit his/her activity. Therefore, I recommend that this patient **NOT** participate in the following activities (please check box):

Cardiovascular

- Treadmill
- Stationary bike
- Recumbent bike
- Stair climber
- Rowing machine
- Elliptical trainer
- Air Dyne bike

Strengthening

- Lifting weights
- Arms - R or L
- Abdominal
- Chest
- Upper back
- Lower back
- Shoulder - R or L
- Legs- R or L

Group Exercise

- Step aerobics
- Low impact aerobics
- Stability ball
- Stretching exercises
- Chair exercises
- Kickboxing
- Yoga/pilates
- Martial arts

Specific comments regarding limitations or contraindications for activity:

Physician Name (first/last): _____

Signature _____ Date: _____

Phone # _____

You may mail or fax to: Phoenix College – Health Enhancement Department
1202 W. Thomas Road, Phoenix, AZ 85013
Phone: (602) 285-7295 Fax: (602) 285-7755

I, _____, hereby give my permission to release any pertinent medical information and medical records to the staff in the Health Enhancement Department at Phoenix College. All information will be kept confidential.

Signature _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Birth Date: _____ Telephone #: _____