



The Goodwill Fitness Center

GOODWILL OF ORANGE COUNTY

1601 E. St. Andrew Place

Santa Ana, CA 92705

Phone: 714-361-6180

Fax: 714-361-6190

MEDICAL RELEASE FORM

Name: _____

Last

First

Phone Number

To: Attending Physician

The Goodwill Fitness Center is creating an exercise program for your patient, and we are asking you to provide any medical information which would assist us in the selection of exercises. The exercise program that we develop may include exercises that focus on improving flexibility, posture, balance, motor control, cardiovascular endurance and strength. All medical records will be handled confidentially. Thank you kindly for your time, input and consideration.

PLEASE PRINT OR TYPE CLEARLY.

Please complete all fields as needed:

Please list medical diagnoses (requires patient consent):

Date of diagnosis:

_____	_____
_____	_____
_____	_____
_____	_____

Blood Pressure: _____ Cholesterol: _____ Resting Heart Rate: _____

Please check the appropriate box:

- | | |
|--|--|
| <input type="checkbox"/> Person is medically cleared for exercise | <input type="checkbox"/> Person is not cleared for exercise |
|--|--|

Person is CLEARED for the following exercises:

- | | |
|--|--|
| <input type="checkbox"/> Strength training exercises | <input type="checkbox"/> Use of parallel bars |
| <input type="checkbox"/> Active/passive stretching exercises | <input type="checkbox"/> Use of a standing frame |
| <input type="checkbox"/> Cardiovascular Exercise | |

Please give a brief commentary/explanation for your recommendations and/or restrictions:

Physician's Signature: _____, M.D. **Date:** _____

Printed Name of Physician: _____ **Phone/Fax:** _____