



Physician's Statement and Medical Release Form

The exercise program is based on the individual's present level of fitness and is designed to progressively improve all components of fitness. All exercise programs will be administered by qualified personnel trained in developing exercise programs. Smith Sports Training program may involve intense physical activity (in which they may frequently reach a heart rate of 80% of maximum or higher) consisting of high impact cardiovascular, strength, power and flexibility training. **If you know of any medical or other reasons why the applicant cannot participate in the exercise program, please indicate so on this form.**

I have examined (please print patient's name) _____

It is my professional opinion, based on a thorough medical examination & interview of the above named patient, that: **(please check all that apply)**

____ I know of no reason why the applicant should not participate **without limitation** and I hereby medically release him/her to do so.

____ I believe the applicant can participate **while observing the following limitations:**
(Physician please use below and/or use the back of this sheet to list limitations):

____ I recommend that the applicant **NOT** participate until:

Physician, please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write "NONE".

Physician's Signature: _____ Date: _____

Physician's Name (Please Print): _____

**Please return to your patient or contact Ali Molnar
Email: ali@smithsports.us**