

Hillcrest Fitness Center
1265 S. Utica, Suite 200
Tulsa, Oklahoma 74104
918/579-4900

Medical Release and Approval for Exercise

Name _____ DOB _____
Address _____ Phone _____

The above named individual desires membership in the Hillcrest Fitness Center. This special facility is designed for individuals requiring, or who will benefit from, supervision and guidance from a highly trained staff of exercise specialists in the design and monitoring of their exercise program. The exercise program will be developed to meet their individual needs and take into consideration any physical limitations which they might have. Prior to membership, the individual must obtain physician approval and clearance for exercise participation. Please indicate below if this individual has any cardiovascular, orthopedic and musculoskeletal limitations to moderate aerobic/cardiovascular exercise or weight training.

Restrictions/Limitations: _____

- The above named individual has my approval to exercise with no limitations
- The above named individual has my approval to exercise with the limitations indicated above.
- I am unable to approve exercise participation for the individual named above.
- The above named patient has a personal history of cardiovascular disease (MI, CABG, stent, angina) and is categorized American Heart Association Risk Stratification Guidelines class B, C, or D. They are eligible to exercise in a cardiac rehabilitation Phase 3 or 4 population.

Physician signature _____ Date _____

Physician name (print) _____

Physician address (print) _____
