# DPI Adaptive Fitness-Medical Release

It is my understanding that _____ will be participating in fitness

Evaluation and exercise program. This patient is permitted to participate in the following activities.

(Please check all that apply.)

1. Comprehensive physical fitness assessment including:

- ☐ submaximal aerobic capacity test for cardiovascular endurance
- ☐ resting heart rate, resting blood pressure
- ☐ body composition analysis
- ☐ flexibility
- ☐ baseline upper and lower body strength measures
- ☐ baseline upper and lower body endurance measures
- ☐ other: _____

2. Exercise/post rehabilitation program including:

- ☐ resistance exercise program
- ☐ cardiovascular exercise program
- ☐ nutritional recommendations
- ☐ other: _____

Please check the appropriate response:

- ☐ This patient may participate with no restrictions.
- ☐ This patient may participate with the following limitations:
- ☐ This patient may not participate. (If checked, the individual will not be accepted.)
- ☐ Other:_____

Diagnosis/Recommendations/Comments:

**PHYSICIAN NAME (please print):_____**

**PHYSICIAN SIGNATURE:_____ DATE:_____**

**PARTICIPANT NAME (please print):_____**

**PARTICIPANT SIGNATURE:_____ DATE:_____**