

Dan Delivers Fitness  
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**MEDICAL RELEASE**

*Physician Approval:*

I give medical approval to the person named below to participate in the fitness assessment and exercise program administered by Dan Delivers Fitness which will include exercises (aerobics, flexibility, and muscular strength training) for conditioning the body. I certify that the person whose name is listed below appears to have no reason why an exercise program should not be undertaken with the recommendations I have indicated below.

***All information received on this form will be treated as strictly confidential in accordance with the Privacy Act of 1974.***

<b>Patient's Consent to Release Health Information</b>	
I authorize the below named physician to release information necessary to the development of my fitness program	
Name of Patient:	_____
Signature:	_____ Date: _____

***Note to the Physician***

If the person named above is taking any form of medication which might effect their response to exercise, please indicate below the type of medication, possible effects, and precautions when exercising.

\_\_\_\_\_

\_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_