

**T-BOD FITNESS**  
**MEDICAL RELEASE**

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

It is my understanding that \_\_\_\_\_ will be participating in a fitness evaluation and exercise program.

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 for any fitness program offered by T-BOD FITNESS)

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

\_\_\_\_\_  
PHYSICIAN NAME (please print)

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT NAME (please print)

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE