



Dear Doctor:

Your patient _____ wishes to take part in training activities with South Pine Striders. The training may include walking, interval running, hill running, long distance running, flexibility & stretching exercises, and a cardiovascular program; increasing in duration and intensity over time.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advise in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below (Doctor's Recommendations).

Patient's Consent and Authorization

I consent to and authorize _____ to release to _____, health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Member's signature	Date
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Doctor's Recommendations

	I am not aware of any contraindications toward participation in a fitness program.	
	I believe the applicant can participate, but urge caution because:	
	The applicant should not engage in the following activities:	
	I recommend the applicant not participate in any Striders training.	
Doctor's signature		Date
Doctor's name (print)	Phone	Fax
Address	City	State & P/code

