**HSC Recreation Center Medical Release Form**

Date: ________________

Dear Doctor: ____________________________________________________________

Your patient ____________________________ wishes to start a personalized training program. The activities will involve any combination of the following components of exercise: cardiovascular training, strength training with machines, resistance bands, body weight and/or free weights, aquatic exercise, and flexibility training.

If your patient is taking medications that will affect his or her heart-rate response to exercise, please indicate the type of medication and manner of the effect (raises, lowers, or has no effect on hear-rate response):

Type of medication: ________________________________________________________
Effect: ________________________________________________________________

Type of medication: ________________________________________________________
Effect: ________________________________________________________________

If your patient is taking any other medications, please list their type, function, and potential side effects that may affect their exercise program below:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you,
Temple University HSC Recreation Center

_____________________________ has my approval to begin an exercise program with the recommendation or restrictions as stated above.

Doctor’s Printed Name: ____________________________

Doctor’s Signature: ____________________________ Date: ________________

Phone: ____________________________ Email: ____________________________

If you have any questions, please contact the Recreation Coordinator at 215-707-8442.