



Patient Name: _____
Date of Birth: ___/___/___
Phone Number: _____

Pre & Post Natal Exercise Physicians Release

Please complete this release and send to:
St. Mary's Health & Fitness Center, 7540 Danaher Way, Powell, TN 37849
Phone: 865-859-7900, Fax: 865-859-7929

Your patient would like to participate in **St. Mary's Health & Fitness Center** Programs which may include a fitness evaluation at St. Mary's Health & Fitness Center. The exercise program could exist of any or all of the following: strength training, cardiovascular exercise, and special classes. Depending on the patients recommended activity level and capabilities contributes to the program's design. The fitness evaluation will be performed to determine the individual's over-all fitness level.

Please indicate your patient's appropriateness for this program below, including any activities that he/she should focus on.

___ This patient is in sufficiently good health to begin an exercise program. Please focus on the following activities: _____

___ This patient may participate in a program, but I **urge caution due to:** _____

___ This patient may participate in massage, steam room, sauna, and hot tub. I **urge caution due to:** _____

___ This program may participate, but the program **should not include:** _____

___ This patient **should not exercise** until further evaluation by me or another specialist.

Other comments: _____

Physician's Signature

Physician's Name (print)

Date

PLEASE FAX COMPLETED FORM TO: 865-859-7929
OR MAIL ORIGINAL TO: 7540 DANNAHER WAY, POWELL, TN 37849
ATTN: Casey Hall or Nicole Yarbrough, Fitness Managers