

**The Airport Health Club  
Physician's Approval for Exercise**

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**Please complete in full, and check off one of the boxes below**

\_\_\_\_\_ desires to voluntarily engage in an exercise program at the Airport Health Club. The primary objective of this program is health and fitness. The individualized exercise prescription will be designed and implemented by a Certified Personal Trainer. All exercise programs will follow guidelines established by the American College of Sports Medicine and the American Council on Exercise.

The exercise program could include cardiovascular training, resistance training and range of motion exercises.

**A) To be filled out by the Trainer**

PLEASE RETURN TO (TRAINER): \_\_\_\_\_ or FAX to Airport Health Club 707-528-7543.  
Please feel free to contact at (tel#) \_\_\_\_\_ or Sue Freyer, Fitness Director at 521-2491.

**B) To be filled out and signed by the client**

I \_\_\_\_\_ authorize Dr. \_\_\_\_\_ to release this information to the Airport Health Club, understanding that this information will be handled in the strictest confidence.

Client Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**C) For Doctors Office use only**

\_\_\_\_\_ is under my care and there **are no limitations** to his/her participation in this exercise program.

\_\_\_\_\_ is under my care and there **are limitations** to his/her participation in this exercise program. Describe below:

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\_\_\_\_\_ is under my care and due to his/her limitations, **cannot** participate in this exercise program.

Signed: \_\_\_\_\_ M.D.

Name (Print): \_\_\_\_\_ M.D.

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_