



VILLAGE FITNESS

GETTING BETTER - STAYING BETTER - LIVING BETTER

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1215 Mayberry Place • P.O. Box 162 • Macedon, NY 14568 • (315) 986-1528 • Fax: (315) 986-0958

Physician's Statement Regarding Participation

Primary Care Physician: _____

Dear Dr. _____:

I, _____, (DOB: ___/___/___) am interested in beginning a voluntary physical exercise program at Village Fitness, LLC. In order to minimize the risk to my health and safety while participating, I request that you complete the brief questionnaire below. I hereby authorize the release of any pertinent private health information necessary to complete this request. Further, I understand and accept the inherent risk in any sort of physical exercise program and agree to hold you, my primary care physician, harmless for any adverse consequence as a result of my participation in this or any voluntary fitness program.

Signature of Participant

Date

If under 18, Name of Parent/Guardian

Signature of Parent/Guardian

Date

1. Is there any reason that the aforementioned participant should NOT participate in this voluntary exercise program? Yes No
2. Are there any special precautions, restrictions, or procedures necessary for physical exercise by participant? Yes No
3. Are there any types/forms of exercise that may be dangerous to the participant and should be avoided? Yes No
4. Does the participant take any prescription or other medications that will influence his/her exercise status? Yes No

Please explain any "Yes" answer to the questions above and provide additional comments/concerns:

Patient vital statistics for your records:

BP _____ HR _____ Height _____ Weight _____ BMI _____ %BF _____

Signature of Physician

Date

