



ProMotion Fitness

7211 Bank Court, Suite 220, Frederick, MD 21703

Phone: 240-215-1470; fax: 240-215-1475; E-mail: exercise@frederick.health

EXERCISE RELEASE FORM

Date: _____

Dear Doctor _____,

Your patient would like to participate in a Frederick Health ProMotion Fitness program.

Name: _____

DOB: _____

Contact number: _____

Please check the section below indicating that your patient is cleared to participate in an exercise program.

- Member of ProMotion Fitness program (supervised)**
This patient will be exercising in our facility.
- Survivor Fitness program (supervised cancer survivor program)**
This patient will be exercising in our facility.
- M.O.T.I.O.N. program (Exercise Prescription Only)**
This patient will NOT be exercising in our facility.

Please note any special instructions/limitations in the designated space. Please sign below and return the completed form via the patient, fax or mail using the letterhead address and fax number. We appreciate your assistance.

SPECIAL INSTRUCTIONS:

Physician Signature

Physician Name (printed)

Date