



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, _____ (DOB: _____), is a new participant in the Frederick Health ProMotion Fitness program.

- Member of ProMotion Fitness program (supervised)**
This patient will be exercising in our facility.
- Survivor Fitness program (supervised) - for cancer survivors after completing treatment.**
This patient will be exercising in our facility.
 - Please check if patient was referred for lymphedema screening prior to beginning Survivor Fitness.
- M.O.T.I.O.N. program (Exercise Prescription Only)**
This patient will NOT be exercising in our facility.

Please sign and date the section below indicating that your patient is cleared to participate in an exercise program. Please note any special instructions/limitations in the designated space. Please 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