

Physician Release form

Patient Name _____ Date _____

Name of Physician _____

This form serves as a medical release for _____. I have assessed his/her physical condition and have determined that they are cleared for physical activity. Any limitations or restrictions to physical activity are listed below or can be found on an attachment, which must accompany this document.

Restrictions: _____

Limitations: _____

Additional Comments (if none, write NONE): _____

Physicians Signature _____ Date _____