

# Physician Release Form



**Dear Doctor:**

**Your patient has requested to participate in the City of Mobile's Connie Hudson Mobile Regional Senior Community Center exercise classes, fitness room, fitness classes and/or the thermal plunge pool. The City of Mobile requires all potential participants to complete and submit a signed Physician Release Form to participate in any of the above classes or activities. By signing and returning this form you are authorizing your patient to actively participate in any or all classes or activities at CHMRSCC. The City of Mobile requires an updated form once a year to account for any changes in the patient's physical or mental condition. CHMRSCC does not have qualified personnel on staff to make medical decisions concerning a participant's use of the exercise classes, fitness room, fitness classes and/or the thermal plunge pool. The fitness room is not monitored on a regular basis and participants exercise at their own risk. CHMRSCC staff is required to give the participant a one-time orientation on the equipment in the fitness room and go over rules and instructions for the thermal plunge pool. CHMRSCC has provided broad categories so that you can advise your patient as to whether they should or should not participate in each type of class based on physical capabilities or side effects of medication. It is the Participants Responsibility to adhere to your advice.**

## **Thermal Plunge Pool**

The pool's temperature is 98° -100°. Participants can take water aerobic classes or sit and use the jets. There is a 15-minute limit in the pool.

## **Fitness Room**

Equipment may include but not limited to the following: Stationary Bike, AB/Back Machine, Elliptical, Treadmill, Rowing Machine, Weight Stack Work Station, SCI Fit Machines

*This list is to give you a general census of some equipment in the CHMRSCC fitness room.*

## **Exercise/Fitness Classes or Activities**

CHMRSCC offers an array of exercise classes and fitness activities some of the top classes include: Aerobic Classes, Exercise Fit Ball, Stretch and Relax, Step Aerobics, Dance, Walking, Pound Fit, Zumba Gold

**The City of Mobile and Connie Hudson Mobile Regional Senior Community Center thanks you for taking the time to talk with your patient about the above information. Please fill out the back portion so that your patient can participate and be active at the Senior Center. If you have any questions please feel free to call the CHMRSCC staff at 251-602-4963.**

**Physician's Information**

*Please Print*

<b>Doctor's Last Name</b>	<b>Doctor's First Name</b>	<b>Name of Doctors Office</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Office Phone Number</b>		<b>Fax Number</b>	

**Please state Yes or No if the Patient is allowed to use the following:**

**Thermal Plunge Pool**                      \_\_\_ Yes \_\_\_ No                      Doctors Initials \_\_\_\_\_

**Fitness Room**                              \_\_\_ Yes \_\_\_ No                      Doctors Initials \_\_\_\_\_

**Exercise/Fitness**                        \_\_\_ Yes \_\_\_ No                      Doctors Initials \_\_\_\_\_

**Classes or Activities**

*By signing this form, I certify that the patient is authorized by me to participate fully in the above activities with no assistance from staff at the Connie Hudson Mobile Regional Senior Community Center unless otherwise noted. In reviewing his/her health history, it is my professional opinion that my client is in appropriate physical and mental health to actively participate in the City of Mobile's Connie Hudson Mobile Regional Senior Community Center.*

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

**Notes to CHMRSCC:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant's Information**

*Please Print*

<b>First Name</b>	<b>Last Name</b>	<b>DOB</b>	<b>Participant Number</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

**Please Mail, Fax, or Send this form back with your Patient.**

CONNIE HUDSON MOBILE REGIONAL SENIOR COMMUNITY CENTER

3201 HILLCREST ROAD    MOBILE, AL 36695

Phone: 251.602.4963    Fax: 251.661.0236

CHMRSCC use only:

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

Staff Initials: \_\_\_\_\_

Database Entry: \_\_\_\_\_

Staff Initials: \_\_\_\_\_