

Medical consent for resistance training

Please ask your family doctor to complete

Patient name: _____

Address: _____

D.O.B: / / _____

I give permission for my doctor to release my medical details to the Gym instructor.

Signed: _____

The above-named person is considered by me to be medically fit for a supervised strength training program.

Please specify any medical condition that may affect your patient's participation in this program.
Does your patient have:

Unstable hypertension

Osteoporosis

Respiratory conditions

Muscular/skeletal problems

Cardiac

Neurological conditions

Visual disturbances

Diabetes

Other: _____

Patient's current blood pressure: _____

Current medications: _____

I am aware my client will be undertaking a monitored Move for Life strength-training program that incorporates a progressive resistance format.

Doctor's signature: _____

Date: _____

Address: _____

Telephone: _____

Please bring this completed form with you to your gym consultation.

Privacy: Yarra City Council is collecting the health information requested on this form for the purpose of administering your membership/enrolment. Council will use the health information solely for this primary purpose or directly related purposes. Council may disclose this information in an event of an emergency. You may access this information and correct it if necessary by contacting the centre.