



Carleton College

Medical Release Form

Date: _____

Dear Doctor:

Your patient _____ wishes to participate in an exercise program. The activity will include the following:

- Aerobic Exercise
- Strength Training
- Nutrition Counseling

Your patient will be engaging in 60 minutes of exercise at least three times per week.

If your patient is taking any medication that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart-rate response):

Type of medication: _____

Effect: _____

Please identify any recommendation or physical or dietary restrictions that are appropriate for your patient in this exercise program:

Physician Name

Date

Signature

Thank You!
Carleton College,
Recreation Center