



MEDICAL RELEASE FORM

Applicant Name _____

Address _____

The above individual would like to participate in a physical evaluation with University of Manitoba Recreation Services for the means of acquiring personal health and fitness information. The assessment consists of a maximal aerobic test (completed on the treadmill or bike), muscular strength, endurance power, flexibility, and balance. They require a medical release because they are over the age of 40 and will be participating in maximal intensity exercise and/or they answered the following PAR-Q questions positively (YES):

- Q1: Heart Condition
- Q2: Chest pain during activity
- Q3: Chest pain during rest
- Q4: Loss of balance (dizziness) or loss of consciousness
- Q5: Bone or joint problem
- Q6: Blood pressure or heart medication
- Q7: Other reason _____

TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

Applicant Name _____

- is fully capable of participating
- is capable of participating to a limited degree within the limitations noted below*
- is not capable of participating presently, but may be considered at a future date
- is not capable of participating

*Limitations or abnormalities that the Recreation Services Personal Training team should be aware of include:

*Clinic or Physicians Stamp
(required)*

Signed _____

Date _____

"I, _____ (applicant name), hereby agree to the release of the above information by my physician or nurse practitioner. Where my physician or nurse practitioner has indicated that I am capable of participating to a limited degree, I understand that it is my responsibility to discuss my limitations with my physician or nurse practitioner and follow their recommendations. The University of Manitoba is not responsible for monitoring my activities."

Signed _____

Date _____