

## Medfit<sub>RX</sub> Physician's Consent for Exercise

My patient \_\_\_\_\_ has expressed an interest in becoming a member of the **Medfit<sub>RX</sub>** Program at the Northwest Community Hospital (NCH) Wellness Center.

The NCH Wellness Center needs your written consent before your patient will be allowed to become a member of the **Medfit<sub>RX</sub>** Program and participate in a goal evaluation appointment performed by a NCH Wellness Center Certified Personal Trainer that includes:

- Blood Pressure and Pulse
- Body Fat Composition
- Movement Screening
- Cardiovascular & Flexibility Assessments

An individual program will be designed for your patient based on the results of the Exercise Screening Questionnaire, Goal Evaluation, and Fitness Assessment.

**Please check the box below and return this consent form to the MedFit Team via fax at 847.618.3509 or medfitrx@nch.org**

It is in my opinion that this patient is in sufficiently good health to begin an exercise program.

Patient D.O.B \_\_\_\_\_ Patient Telephone No. \_\_\_\_\_

Patient Address \_\_\_\_\_

Patient E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date