

Physician Release Form



Dear Doctor:

Your patient has requested to participate in the City of Mobile's Senior Programs and Centers 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 Parks and Recreation. The City of Mobile requires an updated form once a year to account for any changes in the patient's physical or mental condition. City of Mobile Parks and Recreation 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. City of Mobile Parks and Recreation 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. City of Mobile Parks and Recreation 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 fitness room.

Exercise/Fitness Classes or Activities

City of Mobile Parks and Recreation 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, and/or Zumba Gold.

The City of Mobile and Senior Programs and 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 Senior Programs and Center staff at 251-208-6701.

Physician's Information

Please Print

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

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 City of Mobile Parks and Recreation 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 Senior Programs and Centers.

Signature of Physician

Date

Notes to Center: _____

Participant's Information

Please Print

First Name	Last Name		DOB	Participant Number
Address		City		State

Signature of Participant

Date

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

SENIOR PROGRAMS AND CENTERS
3201 HILLCREST ROAD MOBILE, AL 36695
Phone: 251.208.6701 Fax: 251.661.0236

Senior Program Staff use only:

PRF 4/21

Date Received: _____

Staff Initials: _____

Database Entry: _____

Staff Initials: _____