



9637 Jefferson Highway
Baton Rouge, La 70809
225-924-8300
225-927-6951 fax

Date: _____

Physician: _____

Physician Fax Number: _____

Patient / Client Name _____ Date of Birth _____

Patient Phone _____

New Member
 Pre/Post Natal

Returning from Medical Freeze
 Updated Medical Condition

Rejoin

Dear Dr. _____ Attn Club Representative: _____

Your patient is interested in taking part in an exercise program.

By completing this form, you are not assuming any responsibility. If, however, you know of any reason why the participant should not participate, please indicate the reason below.

Please fax this form back to the Fitness Club at 225-927-6951

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because: (Please give details)

_____ The applicant should **NOT** engage in the following activities: (Please give details)

_____ The applicant should **NOT** participate. (Please give details)

MD Signature: _____ (Print/Signature)

MD Address: _____

MD Telephone: _____