



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  Returning from Medical Freeze  Rejoin  
 Pre/Post Natal  Updated Medical Condition

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 due to following risk factor(s): (Please give details)  
 Cardiac  Pregnancy  Bone/Joint Issues  
 Diabetes  Fall Risk  Neurological Disorder  Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_