



GO HEALTH CLUBS MEDICAL DECLARATION FORM

Dear Doctor:

Your patient _____ wishes to cease participation in an exercise program and has stated that this is due to **total & permanent medical incapacity**. The patient has stated that the diagnosis of Total & Permanent Incapacity has been diagnosed by yourself & that you recommend complete cessation of any physical activity. Your patient is seeking early discharge from a legally contracted membership and requires supporting documentation from a licensed medical practitioner.

Patient's Consent and Authorization

I consent to and authorise Dr _____ to release to Go Health Clubs, health information concerning my ability to participate in an exercise program and/or fitness assessment.

Member's signature	Date
Print Name	

Physician's Recommendations

	I declare that I have examined this patient and in my medical opinion he/she is suffering total & permanent medical incapacity that will prevent any form of physical exercise permanently .	
Nature of Illness or Injury		
	I declare that I have examined this patient and in my medical opinion he/she should not participate in any exercise/fitness program for the following time period: _____ to _____	
Nature of Illness or Injury		
	I am not aware of any contraindications toward participation in a exercise/fitness program.	
	I declare the above information to be true and correct and understand the possible implications of giving false or misleading information.	
Physician's signature		Date
Physician's name (print)	Phone	Provider Number:
Address	Post Code:	STAMP: