

**TOWNSHIP OF TEANECK
Teaneck Recreation Department
Senior Services Center
Richard Rodda Community Center
250 Colonial Court
Teaneck, New Jersey 07666-4849**

*(201)-837-0171
fax:(201)-837-5011*

MEDICAL RELEASE FORM

Dear Doctor:

Your Patient _____ (*please print*) wishes to engage in an exercise program at the Teaneck Senior Services Center in order to improve their physical fitness level.

Exercise sessions are rated on level of intensity. Most classes include a warm-up, a cardiovascular component including walking or low impact movement, resistance training and a cool down. Hand weights or bands may be used for resistance training.

Your approval for your patient to participate is mandatory to determine the level of exercise your patient is medically capable of performing.

PLEASE CHECK THE APPROPRIATE LEVEL:

- _____ Level 1: includes 5-10 minutes of aerobic movement
_____ Level 2: includes 10-20 minutes of aerobic movement
_____ Level 3: includes 20-40 minutes of aerobic movement

It is requested the information below be completed and returned for your patient. You may fax this form to us at (201)-837-5011 or mail it to us to the address listed above. If you have any questions, please call the Center directly at (201)-837-0171.

PHYSICIANS NAME (*please print*) _____

ADDRESS _____ PHONE _____

CITY/STATE/ZIP _____

PHYSICIAN'S SIGNATURE _____ DATE _____