



Ability
Fitness
Center

Medical Release Form

(To be completed by Physician)

Patient Name: _____

Date: _____

Diagnosis: _____

As a client at Ability Fitness Center, patient is able to participate in all of the following activities:

- | | | | | | |
|---------------------------|--------------------------|----------------------|--------------------------|-----------------------------------|--------------------------|
| Strengthening/ROM | <input type="checkbox"/> | Neuro Re-education | <input type="checkbox"/> | Loading/Weight Bearing Activities | <input type="checkbox"/> |
| FES bike | <input type="checkbox"/> | Balance training | <input type="checkbox"/> | Whole Body Vibration | <input type="checkbox"/> |
| Standing frame/glider | <input type="checkbox"/> | Gait training | <input type="checkbox"/> | Functional Electrical Stimulation | <input type="checkbox"/> |
| Neuromuscular E-Stim | <input type="checkbox"/> | Total Body fitness | <input type="checkbox"/> | Manual Therapy | <input type="checkbox"/> |
| Functional Group Sessions | <input type="checkbox"/> | Aerobic conditioning | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |

Ability Fitness Center provides pediatric play-based therapy. Medical Release is required to ensure the safety and well-being of each participant.

Special Instructions/precautions: _____

Physician Name (please print): _____

Phone: _____

Physician Signature: _____

Date: _____

Please return this form to Ability Fitness Center

Ability Fitness Center, National Conference Center, 18665 Conference Center Drive, Leesburg, VA 20176

Phone: 571-439-1520 Email: afc@thearcofloudoun.org