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Senior Passport Gym Membership Physician Release

Member Name: _____

As of today's date, the above named individual may enter the Senior Passport gym program, which consists of aerobic exercises and resistance training. This individual is safe to monitor their own health and response to exercises without supervision. Please list below any limitation or activities this individual should not participate in.

Restrictions: _____

Note: Participants with a history of by-pass surgery, heart attack, or angina within the previous 12 months are recommended to complete a cardiac rehabilitation program prior to participation in the Senior Passport Program.

Printed Name of Physician: _____

Signature of Physician: _____ **Date:** _____