

Saint Mary's College of California
Joseph L. Alioto Recreation Center

Physician Release Form

Patient Name:	Date:
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Restrictions:

Limitations:

Additional Comments:

This form serves as a medical release for I have assessed his/her physical condition and have determined that they are cleared for physical activity. Any limitations or restrictions to physical activity are listed below or can be found on an attachment, which must accompany this document.

Physician's Name: _____ Date: _____

Physician's Signature: _____