



**MEDICAL INFORMATION RELEASE FORM**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The above individual would like to participate in the following:

Recreation Services Membership

The following Recreation Services program: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

- Fully capable of participating
- Capable of participating to a limited degree within the limitations noted below\*
- Not capable of participating presently, but may be considered at a future date
- Not capable of participating

\*Limitations or abnormalities that Recreation Services should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Signed : \_\_\_\_\_ - M.D.

Date: \_\_\_\_\_

**The following PARQ questions were answered POSITIVELY: (please circle)**

- Q1. Heart Condition
  - Q2. Chest pain during activity
  - Q3: Chest pain during rest
  - Q4: Loss of balance, dizziness
  - Q5: Bone or joint problem
  - Q6: Blood Pressure or heart drugs
  - Q7: Other
- reason: \_\_\_\_\_

**TO BE COMPLETED BY PATIENT:**

"I, \_\_\_\_\_, hereby agree to the release of the above information by my physician. Where my physician has indicated that I am capable of participating to a limited degree, I understand that it is my responsibility to discuss such limitations with my physician and follow my physician's recommendations. The University is not responsible for monitoring my activities."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Inquiries may be directed to:**

Recreation Services  
Room 145 Frank Kennedy Centre  
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Winnipeg, Manitoba R3T 2N2