

MEDICAL RELEASE FORM

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I. ACTIVE EXERCISE EQUIPMENT (CONTINUED)

(b) Lower Body Exercises:

1. *Rectus femoris* ABLE UNABLE
..... Dyna-cam leg extension
..... Dyna-cam leg press
..... Nautilus leg extension
..... Hydra-gym leg extension
2. *Bicep femoris* ABLE UNABLE
..... Dyna-cam leg curl
..... Nautilus leg curl
3. *Gastrocnemius* ABLE UNABLE
..... Calf raises from Nautilus
4. *Peroneus and tibialis muscle* ABLE UNABLE
..... Toe raises from Nautilus

II. SAUNA BATH ABLE UNABLE
Dry heat for circulation, cleansing and relaxation.

III. WET STEAM ROOM ABLE UNABLE
Wet steam for circulation, cleansing and relaxation.

IV. SWIRLPOOL BATH ABLE UNABLE
Hot bath for circulation and relaxation. Effective in easing rheumatic pain, relieving muscular disorders, and alleviating possible joint stiffness.

V. SWIMMING POOL ABLE UNABLE
Therapy value in relaxation, exercise, and muscular toning. Cardiovascular stimulation/increasing of aerobic capacity.

Please give a description of the ailment your patient is suffering from and which has caused this disability:

Duration of Disability (Please check one):

PERMANENT

TEMPORARY

If temporary, give date disability began and date expected to end:

FROM _____

TO: _____

Are you a medical physician? _____

LICENSE NO.: _____

I hereby state that I am able to evaluate properly which facilities my patient can or cannot use. I also state that I have filled out the information on pages one and two herewith and that the information is correct.

NAME: _____ TELEPHONE NO.: _____

SIGNED: _____ DATE: _____

RETURN FORM TO: MEMBER SERVICES, P.O. BOX 2689, CARLSBAD, CALIFORNIA 92018