

Medical Release



DATE: _____

Dear Dr. _____ (Physician)

I, _____ (“Patient”) would like to participate in the Fit4Me Challenge. This challenge is an 8 week community weight loss program where I will have the opportunity to meet weekly with trained individuals to learn about nutrition, exercise, and behavior modification. I will be given weekly nutrition and/or exercise challenges with the goal and intentions to lose weight and become healthier.

EXAMPLES OF CHALLENGES INCLUDE:

- Attending a fitness class at the YMCA
- Walking in the St. Bonifest walk/run
- Eliminating soda for one week
- Attending a cooking class at Dierberg’s
- Taking a lunchtime walk
- Trying a new recipe and sharing with the fit4me website
- Participating in Race for the Cure
- Monitoring and documenting your sodium intake for the week
- Attending a yoga class at Edwardsville Fitness Studio
- Team up with other participants and form a support group

Please review the below Physician’s Release and complete as appropriate for my participation in the Fit4Me Challenge.

PHYSICIAN’S RELEASE:

My Patient, _____, is in good health and has my approval to participate in the Fit4Me Challenge. I have discussed with my Patient any restrictions of which he/she should be aware and follow related to his/her participation in the Fit4Me Challenge.

Signed: _____ **Date:** _____ 2009
PHYSICIAN’S SIGNATURE

If you have any questions about this challenge, please feel free to contact,
Lorraine Huntley, M.Ed at 618-334-0750

Thank you.

Fit4Me Challenge, LLC

PO Box 665

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618-334-0750

Attn: Lorraine Huntley, M.Ed. RD, CPT