

**DOCTOR'S CONSENT FORM**

**Patient's full name** \_\_\_\_\_

**Patient's address** \_\_\_\_\_

\_\_\_\_\_

**Patient's Date of Birth** \_\_\_\_\_

The above named person wishes to take part in a Sunshine Jogging session. This may involve up to 1 hr of walking and/or jogging plus stretching, and body weight resistance exercises.

However a pre-exercise screening questionnaire has highlighted that he/she should seek medical advice prior to participation.

**Doctor's Recommendation** (please tick):

The above named person **is able** to participate in exercise.

The above named person **should not** participate in exercise.

The above named person **is able** to participate in exercise, **but with the following restrictions/recommendations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Doctor's name** \_\_\_\_\_

**Surgery** \_\_\_\_\_

**Doctor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note to Doctor:** For more information on the exact nature of a Sunshine Jogging Session, please refer to [www.sunshinejogging.com](http://www.sunshinejogging.com)