Community Hospital Fitness Pointe®
9950 Calumet Ave., Munster, IN 46321
P: 219-924-5348 | F: 219-924-8581

Date: ______________________________

Healthcare Provider's Name: ___________________________________

Phone number: ______________________________

Patient's Name: ___________________________________ Date of Birth: __________________________
is interested in becoming a member of Community Hospital Fitness Pointe.

Patient's signature, ___________________________________, hereby authorizes the release of medical information pertinent to participating in a fitness program.

Patient's Request:

- ☐ Cardiovascular (Treadmill, Track, Bike, etc.)
- ☐ Resistance Training/Strength
  (Light Hand Weights, Resist-a-Bands, Strength Equipment, etc.)
- ☐ Water Exercise
- ☐ Group Exercise Class

- Your patient requests participation in the above checked activities.
- Please indicate your approval by signing below.
- Should you not approve, indicate in the lines provided below**

HEALTHCARE PROVIDER'S SIGNATURE: ____

DATE: ______________________________

**Please provide any additional information:

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Sincerely,
Ann Leader, B.S.
Fitness Assessment and Program Support Supervisor
Community Hospital Fitness Pointe

FAX TO:
219-924-8581