
Elite Health & Fitness Training, Inc.
MEDICAL INFORMATION RELEASE AUTHORIZATION

Regarding: _____

To Whom It May Concern:

Please provide Elite Health & Fitness Training, Inc. information/copies of hospital and medical records or reports of any sort, assessments, prescriptions, information and treatment(s) of myself, pertaining to any examinations, treatment or condition of myself for medical reasons that pertain to my ability to participate in a supervised exercise/nutrition program with Elite Health & Fitness Training, Inc.

This authorization shall be considered as continuing and you may rely upon it in all respects unless I have previously advised you in writing to the contrary.

Date: _____

Signature: _____

Name (Please Print): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____