

**HAWAII NATIONAL GUARD TECHNICIAN
PHYSICAL FITNESS PROGRAM PHYSICIAN FORM**

Physician Instructions: Your patient is asking to participate in a voluntary Fitness Program. (Ask your patient for a copy of the program guidelines for your information.) Please complete this form and give a copy to your patient:

Patient Name: _____

Participation in the HING Technician Fitness Program is recommended as follows:

- ☐ Medical approval for full participation-no restrictions/limitations
- ☐ Medical approval with restrictions/limitations
- ☐ Not medically cleared

I understand that the program may include mild to moderate intensity exercise and is conducted in unsupervised groups or individually. The following restrictions apply: (provide restrictions only if the second option is selected):

Physician's Printed Name: _____

Physician's Signature: _____

Practice/Office Name: _____

Office Telephone Number: _____

Date: _____