

MEDICAL RELEASE FORM

MEDICAL RELEASE FORM

Date _____

Dear Doctor:

Your Patient, _____, has indicated that you are her primary physician and wishes to begin a personalized training program. This individual is beginning a moderate to vigorous intensity exercise program under the supervision of a certified personal trainer. Please provide your recommendation regarding exercise participation as an individual in any restrictions and/or limitations you suggest for the program. Should you have any questions or concerns, please contact me.

If your patient is taking medications that will affect his or her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart-rate response):

Type of Medication _____

Effect _____

Physician Recommendation

- Patient may participate in unrestricted activity.
- Patient may participate in light to moderate activities only.
- Patient should not participate in activity at this time.
- Other: please specify _____

Please specify any restrictions or limitations you feel appropriate _____

_____ has my approval to begin an exercise program with recommendations or restrictions stated above.

Physician _____ Telephone _____

Signature _____

Trainer _____ Telephone _____

