

Physician Release Form

Your patient, _____ wishes to start a personalized exercise program. As a participant in this program, your patient will be instructed in proper exercise techniques working one on one with a personal trainer. Are there any medical factors in your patient's history or any medications that are currently being taken which would affect exercise programming or the patient's ability to participate in a non-medically supervised exercise program?

Please Circle: Yes No

If yes, please list and explain:

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

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

Physician Name: _____

Work Phone: _____

Physician Signature: _____

Date: _____

HARRIS

PHYSICAL FITNESS