

Physician's Clearance Form
Please Return As Soon As Possible

Dear Dr. _____

Date: _____

Your patient, _____, has applied for on-site personal training. The fitness program involves a fitness screening component, exercise prescription, and on-going exercise programming, coordination by trained personal fitness trainers.

The fitness evaluation, exercise program and aerobic classes require moderate to vigorous exertion. Therefore, we require your medical clearance before proceeding with the program.

Please complete the form below and indicate if there are any limitations for participation in the fitness program. I acknowledge that you assume no responsibility for the administration of this program.

Thank You,
Stephen King
Fitness Director

My Patient, _____

_____ CAN participate fully in a vigorous exercise program, consisting of flexibility, cardiovascular and strength training, no restrictions.

_____ CAN participate in vigorous exercise program, WITH THE FOLLOWING RESTRICTIONS (please indicate a brief summary of limitations, a description of the medical condition that may affect his/her program and any recommendations for an exercise program):

_____ Should not participate in the fitness program

Please Explain: _____

Physician Signature _____ Date _____

Physician Address: _____

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