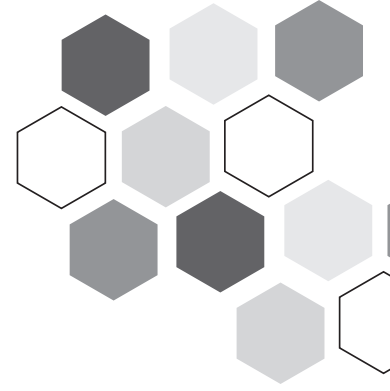


SAMPLE MEDICAL RELEASE FORM



Date _____

Dear Doctor:

Your patient, _____, wishes to start a personalized training program. The activity will involve the following:

(type, frequency, duration, and intensity of activities)

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

Type of medication(s) _____

Effect(s) _____

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

Thank you.
Sincerely,

Fred Fitness
Personalized Gym
Address
Phone

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

Signed _____ Date _____ Phone _____

