

Medical Clearance and Physician's Consent to Participate in Fitness Assessment and Exercise Program

To: Jeff Bine, Certified Master Personal Trainer
1417 Vance Ave, Coraopolis, Pa 15108

Dear Personal Trainer:

My patient, _____, has advised me that he or she intends to participate in (1) a fitness assessment, including body composition assessment, muscular endurance and flexibility tests, a blood pressure reading, and cardiovascular fitness assessment; and (2) an exercise program, which will include, but not be limited to, resistance training. The sessions will last approximately 1 hour and will begin at a very moderate, submaximal level.

Please be advised that my patient, _____, should be subject to the following restrictions in the fitness assessment and/or in his or her exercise program:

In addition, under no circumstances should he or she do the following:

I have discussed the foregoing restrictions and limitations with my patient, _____, and, with these specific restrictions, he or she has my permission to participate in a fitness assessment and pursue an exercise program under your guidance.

Very truly yours,

(Please sign name here)

(Please print name here) _____, M.D.

Date: _____

Phone number: _____