



Dear Doctor:

Your patient _____ wishes to take part in an exercise and cardiovascular fitness assessment and exercise program. The exercise program may include progressive resistance training, flexibility exercises, and a cardiovascular program; increasing in duration and intensity over time. The fitness assessment may include a sub-maximal cardiovascular fitness test and measurements of body composition, flexibility, and muscular strength and endurance.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize Dr. _____ to release to Ravin Persad of Fusion Fitness, health information concerning my ability to participate in an exercise program and an exercise and cardiovascular fitness assessment. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of the person to whom it pertains.

Client's signature _____ Date _____

Trainer's signature _____ Date _____

Physician's Recommendations

I am not aware of any medical reasons to refuse my client (the applicant) to participate in a fitness program.

My client (the applicant) **MAY** participate in a fitness program, but urge caution because:

My client (the applicant) **SHOULD NOT** engage in the following activities:

I recommend that my client (the applicant) **DOES NOT** participate in the above fitness program.

Physicians name (print)		Date
Physicians signature	T:	F: