

Letter to Physician

Dear Doctor:

Your patient, _____, wishes to begin a personalized training program involving progressive resistance training, flexibility exercises, and a cardiovascular program; increasing in duration and intensity over time. After completing a Modified PAR-Q and discussing their medical condition, we agreed to seek your advice in setting limitations to the program. Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

- I am not aware of any contraindications toward participation in a fitness program.
 The applicant should not engage in the following activities:

- I recommend the applicant not participate in the above fitness program.

Physician's Name (Please Print): _____

Address: _____

City: _____, State: _____ Zip: _____

Phone Number () _____

Email Address: _____

Physician's Signature: _____ Date: _____