

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 and/or recommend restrictions that are appropriate for your patient in this exercise program.

Yes No I am not aware of any contraindications toward participation in a fitness program.

Yes No The applicant should not engage in the following activities:

Yes No I recommend the applicant not participate in the above fitness program.

Physician's Name (**Please Print**): _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email Address: _____

Physician's Signature: _____ Date: _____