

Physician Consent Form

Your patient \_\_\_\_\_ has requested to take part in prenatal personal training. This request is to establish that she has medical clearance to exercise and does not have any health problems or pregnancy complications that would prohibit her from taking part in a moderate-level cardiovascular and strength training program.

\_\_\_\_\_ My patient has permission to engage in an exercise program without limitations

\_\_\_\_\_ My patient may take part in an exercise program subject to the following restrictions:

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Health care provider name: \_\_\_\_\_

Health care provider signature: \_\_\_\_\_

Clinic name and phone number: \_\_\_\_\_

Date: \_\_\_\_\_

