

# SAMPLE MEDICAL RELEASE FORM



Date \_\_\_\_\_

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to start a personalized training program. The activity will involve the following:

(type, frequency, duration, and intensity of activities)

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises or lowers exercise capacity or heart-rate response):

Type of medication(s) \_\_\_\_\_

Effect(s) \_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

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Thank you.  
Sincerely,

Fred Fitness  
Personalized Gym  
Address  
Phone

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

