ENERJOY
health/fitness programs inc.

Patient Name _____ **Telephone** _____ **Exam Date** _____

MEDICAL CLEARANCE REQUEST FROM A PERSONAL TRAINER

Your patient _____ has applied to participate in an exercise training program, which would include:

- a fitness assessment to measure muscle strength and endurance, cardiovascular fitness level, posture and flexibility
- an exercise program two times per week, with each session lasting approximately one hour

The American College of Sports Medicine recommends that a man over age 45, or a woman over age 55, who has not exercised on a regular basis receive an exercise stress test prior to exercise. Does your patient require a diagnostic test prior to beginning his/her program?

☐ yes ☐ no

My patient _____ is able to participate in an exercise assessment and an exercise program.

These restrictions or exercise limitations should be followed:

_____

_____

This patient is taking medications that will affect heart rate or other parameters during exercise.

TYPE OF MEDICATION	**EFFECT**
_____	_____
_____	_____

Physician's Signature: _____

Physician's Address: _____ Phone: _____

Release: I hereby release the above information to Liz Bradford/Enerjoy.

Patient Signature: _____