



Medical Clearance and Physician's Consent to Participate in an Exercise Program

Date: _____

To Whom It May Concern:

My patient, _____, has advised me that she/he intends to participate in an exercise program that may include stretching, cardiovascular activity, as well as resistance training.

Please be advised that my patient should be subject to the following restrictions in her/his exercise program:

In addition, under no circumstances should she/he do the following:

I have discussed the foregoing restrictions and limitations with my patient and with these specific restrictions, she/he has my permission to participate in an exercise program.

Sincerely,

_____ (Signature)

_____ (Print Name)

_____ (Date)

_____ (Office Phone Number)