

Training for time



Medical Release Form

Dear Doctor,

Your patient, _____, wishes to start a personalised exercise program. This program may include cardiovascular, resistance and flexibility training.

If your patient is taking medications that will affect their ability to take part in the above activities please indicate the manner of the effect (eg, raises/lowers heart-rate/blood pressure etc).

Medications:

Effect:

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

Sincerely,

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

Physician Name

Physician signature

Date

Phone