

PHYSICIAN'S APPROVAL FORM

Date: ____ / ____ / ____

Certified Personal Trainer: _____

Phone Number: _____

_____ (Name of participant) has been examined by me and has my permission to participate in a progressive exercise program. I understand the physical and physiological stressors of the program and see no reason why the above named person should not participate.

(Physician's signature) M.D. _____
(Date)

TYPE OF ACTIVITY

INTENSITY

Cardiovascular

Resistance Training

Flexibility

Other

PHYSICIAN'S RECOMMENDATIONS/CONTRADICTIONS:

VONSPORT