



34651 Blackfoot St. NW
Cambridge, MN 55008
612.790.5561 mobile
763.689.3602 office
info@aisfitness.com

Physician's Consent to Participate in a Fitness Program

To: CompanyName
 Address1
 Address2
 City, State zip

To Whom It May Concern,

My patient, _____, has advised me that he or she intends to participate in a fitness program, which will include, but not be limited to, resistance training as well as cardiovascular training. The sessions will last approximately 1 hour and will begin at a very moderate, submaximal level.

Please be advised that my patient should be subject to the following restrictions in this fitness program:

Under no circumstances should my patient do the following:

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he or she has my consent to participate in a fitness program under your guidance.

Sincerely,

(Please sign name here)

Date:

(Please print name here)