

MEDICAL RELEASE FORM

Dear Dr. / Ms. / Mr. _____

Your patient, _____, wishes to start a personalized training program. The activities involved will include the following: Cardiovascular conditioning (including, but not limited to, the use of equipment such as a treadmill, stationary bike, etc.), muscular strength and endurance, flexibility, and balance / coordination exercises and drills.

1. Please describe any health / risk factors that may affect your patient's freedom to exercise.

2. For any conditions listed above, please provide exercise recommendations.

3. Please list any medications currently prescribed and their affect (if any) on resting heart rate, exercising heart rate and blood pressure.

Any additional comments:

Doctor's Signature: _____ Date: _____

Respectfully Requested,

Jessica G. Ramsey, BA

Certified STOTT Pilates and Personal Trainer