



Thank you for taking the time to fill out the following medical clearance for your patient so that she/he can exercise safely. A personal training appointment has been requested by your patient to develop an individualized exercise program. Your specific recommendations regarding an exercise prescription, if any, should be included below. Please feel free to contact us with any questions.

Your patient, _____, wishes to exercise with a Personal Trainer from the Chicago Athletic Clubs. The sessions will include the following:

Type: _____ Frequency: _____
Duration: _____ IntensityH/R: _____

Please indicate any restrictions or recommendations that may be appropriate for your patient in this program of exercise: _____

If your patient is taking any medications that will effect heart rate response to exercise, please indicate the medications and the manner of the effect (raises, lowers or has no effect at all):

If your patient is taking any medications that will effect blood sugar, sense of balance, or have any other effect with response to exercise, please indicate the medications and the manner of the effect: _____

_____ (patient's name) has my approval to participate in an exercise program in a supervised and unsupervised setting, as long as the above guidelines are observed.

Physician's Name _____

Physician's Signature _____ **Date** _____

RELEASE INFORMATION (to be completed by participant)

I, _____, hereby authorize the above named physician to release the information requested on this form to the CAC PT department, for purposes of designing an appropriate exercise program.

Client's Signature _____ Date _____