

MEDICAL CLEARANCE & PHYSICIAN'S CONSENT FORM

To: 365 | Health & Wellness, Inc.
535 County Road 4851,
Leonard, Tx 75452

Dear Professional Health Counselor:

My patient, _____, has advised me that he or she intends to participate in a fitness assessment. This assessment will include muscular endurance and flexibility tests, body composition assessment, a blood pressure reading, and cardiovascular fitness assessment. An exercise program will be designed based on this assessment which will include, but not be limited to, resistance training and cardiovascular training. The sessions will last approximately one hour, and will begin at a very moderate, sub-maximal level.

Please be advised that my patient, _____, should be subject to the following restrictions in the fitness assessment and/or in his or her exercise program:

In addition, under no circumstances should he or she do the following:

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

Truly yours,

(Sign name here)

Date: _____

(Print name here)

Phone number: _____