



Medical Clearance One-On-One Personal Training

Dear Dr. _____:

Your patient _____ is interested in bettering his/her health by participating in an exercise program with Totally Designed Body, Inc. The program will incorporate a combination of aerobic conditioning, resistance training, pilates, yoga, stretching and stabilization exercises. Please check the appropriate box pertaining to your patient listed above:

No contradictions for participation in a general exercise program

Participation in an exercise program is recommended with the following restrictions or modifications (continue on back of page if necessary): _____

I do not recommend participation in an exercise program

Please provide the following information:

Resting Blood Pressure _____ mm Hg Total Cholesterol _____ mg/dl

Resting Pulse _____ bpm HDL's _____

Weight _____ LDL's _____ mg/dl

Chronic Conditions: _____

Physician Signature

Date

Address

Phone