



Physician Consent Form
For Patient Exercise Participation

Technician _____ Title _____
Location _____
Address _____
Phone _____ Fax _____ Date _____

Patient _____ D.O.B _____

Address _____

City _____ State _____ Zip _____

Patient's Reason/Goals for exercise participation

Patient's Medical Conditions

_____ desires to engage in exercise training under the supervision of a Fit Essentials exercise instructor, but presented the above abnormality, disease, and/or behavior during the initial health screening and fitness evaluation and/or at the beginning of their exercise session. In these cases we require a written consent from their physician indicating an approval/disapproval for beginning or continuing supervised and/or unsupervised exercise participation.

Physician's Name _____
Address _____
Phone _____

Comments/Recommendations

___ Approve

___ Disapprove

Physician's Signature _____

Date _____