



ToFitYou

Where the mind goes
the energy flows

PERSONAL FITNESS TRAINING

by *Birgitt Haderlein*

Physician Statement

I am aware that my patient, _____, will be participating in a supervised exercise program with you. Based on my professional assessment and the available current medical knowledge of my patient, I find no contraindications for her/him to participate in such a program.

Name of Physician: _____

Date: _____

Address: _____

Phone: _____

City/State/Zip: _____

Physician Signature

Physician Comments to Trainer Regarding Patient: