



**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

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Physician Comments to Trainer Regarding Patient: