



MEDICAL RELEASE FORM

Kev's Gym, LLC.

Dear Doctor,

Your patient, _____, wishes to start a personalized exercise program with our firm Kev's Gym, LLC. This program will include cardiovascular, resistance, and flexibility training.

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect).

Medications _____

Effect _____

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

_____, has my approval to begin an exercise program with the recommendations or restrictions stated above.

Physician Signature

Date

Phone

Thank you,

Kevin Barbera, NCCPT