

PHYSICIAN'S APPROVAL

As your Person Trainer, your safety is one of our primary concerns. The Medical History form you filled out identified one or more medical risk factors which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this Physician's Approval form before you can begin exercising with Roc Fitness Training and its Personal Trainer.

I hereby give my physician permission to release any pertinent information from any medical records to Roc Fitness Training its Personal Trainer. All information will be kept confidential. This form will be completed at no cost to Roc Fitness Training or Personal Trainer.

Client's Name (Please Print): _____ Personal Trainer: Roscoe Casey
Client's Signature: _____ Personal Trainer contact: (904) 622-7162
Client's Phone #: _____ Today's Date: _____

YES – The above client has been examined by me and has my approval to participate in a progressive exercise program. I understand the physical and physiological stressor of the program and see no reason why the above named person should not participate. Any special recommendations and/or constraints are listed below.

Physician's Name (Please Print): _____ Physician's Signature: _____
Physician's Address: _____
Physician's Phone #: _____ Today's Date: _____

Physician's recommendations and/or constraints: _____

If you do not believe this client should participate in a progressive exercise program, please check the NO box below.

NO – The above client has been examined by me and DOES NOT have my approval to participate in a progressive exercise program.