

## **Physician's Statement and Medical Release Form**

The exercise program is based on the individual's present level of fitness and is designed to progressively improve all components of fitness. All fitness assessments and exercise programs will be administered by qualified personnel trained in conducting exercise assessments and developing exercise programs.

**If you know of any medical or other reasons why the applicant cannot participate in the fitness assessment and exercise program, please indicate so on this form.**

Report of Physician **(please check all that apply)**

\_\_\_\_ I know of no reason why the applicant should not participate and I hereby medically release him/her to do so.

\_\_\_\_ I believe the applicant can participate, but recommend the following precautions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I recommend that the applicant NOT participate until: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write "NONE".

\_\_\_\_\_  
Physician Signature and Date

\_\_\_\_\_  
Physician Name (Printed)

**Please return to your patient or contact-Ioannis Kepesidis**

**Email: Yannisk@FitnessState.com: (415) 652-0321**