

Balance Living Personal Training

GP EXERCISE PROGRAM RELEASE FORM

I have examined _____

I have found the following (please delete as appropriate)

The above named may participate in a progressive physical activity program consisting of cardiovascular, strength and flexibility training without limitation.

Or

The above named may participate in a progressive physical activity program with the following limitations:

Or

The above named may not participate in a physical training program.

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 please write "None":

GP Name

GP Signature

Practice: _____

Date