

Physician's Approval - WeBeFit

© 2009 WeBeFit.com

WeBeFit Personal Trainers believe your safety is our primary concern. 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 a WeBeFit Trainer.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at WeBeFit. All information will be kept confidential. This form will be completed at no cost to WeBeFit or WeBeFit Personal Trainers.

_____	_____
PARTICIPANT Name (Please Print)	Personal Trainer Name (Please Print)
_____	_____
PARTICIPANT Signature	(305) 296-3434 (888) 407-7731 Personal Trainer # (Voice & FAX)
_____	_____
PARTICIPANT Phone #	Today's Date

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

_____	_____	
Physician Name (Please Print)	Physician Address (Street)	
_____	_____	
Physician Signature (M.D.)	Physician Address (City / State / Zip)	
_____	_____	_____
Today's Date	Physician Voice Number	Physician Fax Number

Activity	Intensity Allowed
Cardiovascular	_____
Resistance Training	_____
Flexibility	_____
Other	_____

Physician's Recommendations/Contraindications: _____

IMPORTANT! If you do not believe the participant should engage in a progressive exercise program, please check the NO box below.

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