

# Physician's Approval Form for Fitness Evaluation and Exercise Program

Dear Doctor,

Your patient, \_\_\_\_\_, wishes to participate in a fitness evaluation and/or an exercise program. These health and fitness services may consist of a variety of different resting, strength, endurance, and flexibility/mobility tests and exercises. The information gathered from testing will be used to design a fitness program best suited for your patient to prevent injuries, and improve overall fitness, health and well being. All programs are designed to be preventative in nature and not rehabilitative. A summary of test results and other records will be kept on file and may be made available upon request.

## In the interest of your patient and for our information, please complete the following.

\*Please attach additional information if needed.

1. Within the last year, has this patient had a physical exam to assess functional capacity? Yes / No
2. I consider this patient (please check one)  
\_\_\_\_ Class I: Presumably healthy. No apparent heart disease. Eligible for unsupervised program  
\_\_\_\_ Class II: Presumably healthy. One or more risk factors for heart disease. Eligible to participate in a supervised program.  
\_\_\_\_ Class III: Patient not eligible for program. Medically supervised program is recommended.
3. Please list any preexisting medical or orthopedic conditions requiring continued or long term medical treatment or follow-ups.  
\_\_\_\_\_  
\_\_\_\_\_
4. Please list any known conditions that may be worsened by exercise.  
\_\_\_\_\_  
\_\_\_\_\_
5. Please list any currently prescribed medication(s):  
\_\_\_\_\_  
\_\_\_\_\_
6. Please provide specific recommendations and/or restrictions concerning this patients present health status as it is related to active participation in a fitness program.  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Location of Practice: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_