

Medical Clearance

Your patient, _____, has requested to participate in Personal Fitness Training with Just You Personal Training. The training program will include:

1. A fitness assessment: body fat analysis, postural or flexibility analysis, muscular strength tests, and a cardiovascular fitness assessment.

2. An exercise program 2-3 times a week that will include a 5-8 minute warm up on a lifecycle bike, followed by strength training with weights, which will last approximately 45 minutes.

Physician Approval

Please be aware that my patient, _____, should have the following restrictions placed on this training program:

My patient, _____, is physically able to participate in a Personal Fitness program with Just You Personal Training.

Name: _____

Signature: _____

Date: _____

Telephone: _____