



follow me fit

Dear Doctor:

Your patient wishes to engage in a health and fitness program. If the patient is able to participate in this program, please sign this form and return it to the patient or to Follow Me Fit, 250 Old Farmers Road, Clarksville, Tennessee 37043.

Patient's Name: _____ DOB: _____

_____ Patient may participate fully in a vigorous physical activity program consisting of aerobic exercise, resistance exercise and range of motion exercise without limitation.

_____ Patient may participate in a vigorous training program with the following restrictions:

Please indicate if this patient is on medication that may affect heart rate or blood pressure in response to exercise and how it affects the patient during exercise:

Please indicate if this patient has any heart, lung or other condition that may affect the patient during exercise:

Physician's Signature _____ Date: _____