

# Medical Release Form

Your Patient, \_\_\_\_\_, wishes to start a personalized fitness program with a personal trainer, Chris LaFree. The activity will involve but is not limited to: fitness testing (sub maximal cardiorespiratory endurance, body composition, muscular fitness, and flexibility), regular cardiorespiratory activity, and regular resistance training which will elevate his/her heart rate and blood pressure. If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raise, lowers, or has no effect on heart rate response):

Type of Medication \_\_\_\_\_

Effect \_\_\_\_\_

Please identify any other recommendations or restrictions for your patient in this exercise program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Client's full name) has my approval to begin an exercise program with the recommendation or restrictions stated above.

Printed Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Thank you  
Chris LaFree  
Cell- (574) 309-6678  
lafreefitness@gmail.com