

Elite Physiques, Inc.

350 E. Orange Rd.

Lewis Center, Ohio 43035

740-548-3637

www.ElitePhysiquesInc.com

PHYSICIAN'S STATEMENT & RELEASE FORM

Your patient, _____, has applied to participate in our Personal Fitness Training program which would include:

- (A) a fitness assessment, including a blood pressure reading, postural or flexibility analysis, body composition assessment, muscular strength/endurance tests and a cardiovascular fitness assessment using the step test or treadmill;
- (B) an exercise program that is designed to develop and maintain cardio respiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given, based on needs, interest, and your recommendations (if any).

The exercise program is designed to place a gradual increase in workload on the cardio respiratory and skeletal/muscle systems and thereby attempt to improve their function.

I, _____, give my permission for you to release information to Elite Physiques, Inc.

Physicians Approval

Please be aware that my patient, _____, should have the following restrictions placed on his/her exercise program:

My patient, _____, is physically able to participate in a fitness assessment and exercise program.

Signature: _____

Date: _____

Phone: _____