



# Medical Clearance and Physician's Consent Form

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Date: \_\_\_\_\_

To: Jim Porterfield, Owner  
Son of Thunder Fitness  
121 Runaway Bay Drive  
Runaway Bay, TX 76426

Dear Personal Trainer:

My patient, \_\_\_\_\_, has advised me that he or she intends to participate in a fitness assessment. This assessment will include muscular endurance and flexibility tests, body composition assessment, a blood pressure reading, and a cardiovascular fitness assessment. An exercise program will be designed based on this assessment which will include, but not be limited to, resistance training and cardiovascular training. The sessions will last approximately one hour, and will begin at a very moderate, sub-maximal level.

Please be advised that my patient, \_\_\_\_\_, should be subject to the following restrictions in the fitness assessment and/or in his or her exercise program: *(Please enter "None" if there are no restrictions)*

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In addition, under no circumstances should he or she do the following: *(Please enter "None" if applicable)*

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I have discussed these restrictions and limitations with my patient and, with these specific restrictions, he or she has my permission to participate in a fitness assessment and pursue an exercise program under your guidance.

Truly yours,

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Phone Number