

## PHYSICIAN'S REFERRAL FORM

Dear Doctor,

\_\_\_\_\_ has chosen to become a Personal Training client of HEALTHY CONCEPTS PERSONAL TRAINING, LLC (198 West Hull Drive, Delaware, OH 43015). Before any exercise-program implementation, modification, or continuance, this Personal Training Studio facility recommends the above participant consult with their physician. Additionally, it is the declared opinion of this facility that this individual, \_\_\_\_\_, is at some risk during exercise, due to the presence of certain present, indicated, or suspected risk factors, as determined by a complete Health Status Questionnaire, and/or physical evaluation, and/or observation.

Therefore, this Personal Training Facility hereby advises the above-named individual to seek a qualified medical opinion before any exercise. Completion of this form does not mean assumption of responsibility for any illness, injury, or medical condition, up to and including, although not limited to, death, which may result from any exercise. Likewise, this Personal Training facility assumes no responsibility or risk for any exercise undertaken.

Please respond to the following:

### Physician's Report

\_\_\_\_\_ This person is cleared to exercise.

\_\_\_\_\_ This person may exercise, and the following precautions are necessary (please specify):

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

HEALTHY CONCEPTS PERSONAL TRAINING, LLC thanks you for your cooperation, and welcomes any and all ongoing and future advice, information, and guidance. Feel free to contact us any time at 740-972-1709.