



SUCCEED
PERSONAL. TRAINING. EVOLVED.

PHYSICIAN CONSENT FORM

Patient Name _____

The above named individual has applied for participation in a fitness assessment and/or exercise program at Succeed, LLC with a personal trainer. If you know of any medical reasons why participation in a fitness assessment and/or exercise program by the applicant would be unwise, please indicate so on this form by checking all that apply.

I know of no reason why the applicant should not participate, and I hereby medically release him or her to do so.

I believe the applicant can participate, but would recommend the following precautions:

I believe the applicant can participate, but should NOT engage in the following activities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Stair Climbing | <input type="checkbox"/> Plyometrics |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Stationary Cycle | <input type="checkbox"/> Flexibility Test |
| <input type="checkbox"/> Elliptical Movement Exercise | <input type="checkbox"/> Rowing Machines | <input type="checkbox"/> Body Weight Exercises |
| <input type="checkbox"/> Free Weights | <input type="checkbox"/> Resistance Machines | <input type="checkbox"/> Recreational Activity |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Yoga | |

Other restrictions (please be specific):

I recommend that the applicant NOT participate until:

Physician's Signature _____

Date _____

Printed Name _____

Address _____

Phone () _____

Fax () _____

Please return this form to:
Succeed, LLC
4348 Sedge Court
Zionsville, IN 46077