



Physician Consent Form

PATIENT'S 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:

- Walking
- Jogging
- Free Weights
- Pilates
- Elliptical Movement Exercise
- Stair Climbing
- Stationary Cycle
- Rowing Machines
- Resistance Machines
- Yoga
- Plyometrics
- Flexibility Test
- Body Weight Exercises
- Recreational Activity

Other restrictions (please be specific):

I recommend that the applicant **NOT** participate until:

PHYSICIAN'S SIGNATURE

PRINTED NAME

DATE

ADDRESS

TELEPHONE

FAX

Mail to:
Succeed, LLC
4348 Sedge Court
Zionsville, IN 46077

Scan and email to:
succeed.llc@mac.com