

# PERSONAL TRAINING PROGRAM PHYSICIAN'S RELEASE

Dear Physician:

Your patient, \_\_\_\_\_, wishes to start a personalized training program through the North Dakota State University Wellness Center. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goals and fitness level. Qualified staff will administer all fitness assessments and exercise.

If your patient is taking medications that will affect his or her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises or lowers exercise capacity or heart-rate response):

Type of medication(s) \_\_\_\_\_

Effect(s) \_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: \_\_\_\_\_

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Thank you,

Jenna Grabinski  
[Jenna.grabinski@ndsu.edu](mailto:Jenna.grabinski@ndsu.edu)  
(701) 231-7360  
Fitness Coordinator  
North Dakota State University

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

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

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_