

PERSONAL TRAINING/ SMALL GROUP TRAINING PROGRAM PHYSICIAN'S RELEASE

Dear Physician:

Your patient, _____, wishes to begin a personalized training program through the North Dakota State University Wellness Center. Exercise programming provided by the trainer will start light and become progressively more intense depending on the client's goals and fitness level. Qualified staff 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: _____

Thank you,

Lindsay DoBroka

Lindsay.DoBroka@Ndsu.edu

(701) 809-5063

Fitness Coordinator

North Dakota State University

Physician Signature: _____

Date: _____

Print Name: _____

Phone: _____