

Physician's Consent

To: Fit Physiques, Sonya M. Baity, CPT
2424 E Southern Ave, Mesa, AZ 85204
(480) 993-2187

Dear Sonya,

My patient, _____, has advised me that he or she intends to participate in (1) a fitness assessment, which may include body composition assessment, muscular endurance and flexibility tests, a blood pressure reading, and cardiovascular fitness assessment and (2) an exercise program, which will include, but not be limited to, resistance training and cardiovascular exercise. I understand that the sessions will last approximately one hour, and will begin at a very moderate, submaximal level.

Please be advised that my patient should be subject to the following restrictions in the fitness assessment and/or in his/her exercise program:

In addition, under no circumstances should he/she do the following:

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he/she has my permission to participate in a fitness assessment and pursue an exercise program under your guidance.

Very Truly Yours,

(Please sign name here)

Date

(Please print name here)

Phone _____

Address _____
