Dear Doctor:

Your patient ____________________________________ wishes to start a personalized training program through the UCLA Recreation Personal Fitness Training Program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client’s goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the applicant would be unwise, please indicate so on this form.

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**Report of Physician**

*Please check all that apply*

- [ ] I know of no reason why the applicant may not participate.

- [ ] I believe the applicant can participate, but I urge caution due to the following:
  
  1. Medical Condition ____________________________________________
  2. Medication ________________________________________________
  3. Illness ____________________________________________________
  4. Injury _____________________________________________________
  5. Other ____________________________________________________

- [ ] The applicant should not engage in the following activities:
  
  __________________________________________________________________
  __________________________________________________________________
  __________________________________________________________________

- [ ] I recommend that the applicant **NOT** participate.

Physician Signature: ___________________________ Date: ____/____/____

Print Name: ___________________________ Phone: ________________