



# PHYSICIAN'S APPROVAL FORM

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\_\_\_\_\_ has medical approval to participate in fitness programs and in the use of exercise equipment at various sites, including home or office, that may be provided by and/or recommended by Mind/Body: Balance \_\_\_\_\_.

Your patient \_\_\_\_\_ has applied to participate in an exercise training program, which could include:

- A fitness assessment to measure muscle strength and endurance, cardiovascular fitness level, posture and flexibility
- An exercise program two or more times per week, with each session lasting approximately 30, 60 or 90 minutes.

The American College of Sports Medicine recommends that a man over age 45, or a woman over age 55, who has not exercised on a regular basis receive an exercise stress test prior to exercise.

Does your patient require a diagnostic test prior to beginning his/her program?

\_\_\_ yes \_\_\_ no

My patient \_\_\_\_\_ is able to participate in an exercise assessment and an exercise program.

These restrictions or exercise limitations should be followed:

\_\_\_\_\_  
\_\_\_\_\_

This patient is taking medications that will affect heart rate or other parameters during exercise.

Type of Medication

Effect

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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**THE FOLLOWING RESTRICTIONS APPLY (*if none, so state*):**

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Physician's signature

Physician's name

Street address

City

State

Zip

Phone

Date

**PLEASE ATTACH A COPY OF THE RESULTS OF THE LATEST PHYSICAL EXAMINATION**

**NOT NECESSARY TO ATTACH THE RESULTS OF THE LATEST PHYSICAL EXAMINATION**

# Mind Body Balance

Please Return to:  
Mind Body Balance  
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