



**Physical Readiness Medical Release Form**

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

Our client \_\_\_\_\_ wishes to start a personalized training program :

Please advise us in these areas of concern:

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

**Please fill out the following:**

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

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

If your patient is taking medications that will affect their heart rate response to exercise, please indicate any effect (raises, lowers, has no effect on heart rate response):

\_\_\_\_\_

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Signed \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

(Please print your name here) \_\_\_\_\_

Thank you for taking the time to fill this out. Please send to:

**Kian Cham**

phone: 778-712-7766

email: kian@centrefofgravity.coach

