Medical Release

Date				
Dear Doctor:				
program.	vill involve the following:	, wisl	nes to start a personalized training	
	e indicate the manner of the		ner exercise capacity or heart response vers, or has no effect on exercise capaci	
	Effect Please identify any recomi	mendations or rest	rictions that are appropriate for your	
		Thank You Sincerely,		
recommendati	ons or restrictions stated ab		ıl to begin an exercise program with the	j
Signed		Date	Phone	_