



PHYSICIAN'S APPROVAL FORM

House of Fundamentals/Dino Mosley, Professional Trainer, believes your safety is our primary concern. Because of the strenuous nature of personal training, it is highly recommended that all clients receive approval from their physician before participating. Each client maintains the right to decide to partake in personal training activities with or without a physician's approval.

Professional Trainer Name (Please Print)

Personal Trainer's Contact Number

Please check the appropriate box indicating your decision:

In lieu of gaining the approval of my physician, I have decided to move forward with personal training based on my personal consent. I clearly understand that receiving a physician's approval is the recommendation of House of Fundamentals/Dino Mosley, Professional Trainer and that I assume all risk for my health and well-being.

I hereby give my physician permission to release any pertinent medical information from any medical records to House of Fundamentals/Dino Mosley, Professional Trainer. All information will be kept confidential. This form will be completed at no cost to House of Fundamentals/Dino Mosley, Professional Trainer.

PARTICIPANT Name (Please Print)

PARTICIPANT CONTACT NUMBER

PARTICIPANT Signature

Today's Date

IMPORTANT! If you do not believe the participant should engage in a progressive exercise program, please check the following: **NO** - The above PARTICIPANT has been examined by me and DOES NOT have my approval to participate in a progressive exercise program.

YES - The above PARTICIPANT has been examined by me and has my approval to participate in a progressive exercise program. I understand the physical and physiological stressors of the program and see no reason why the above named person should not participate. Any special recommendations and/or contraindications are listed below.

Physician Name (Please Print)

Physician Phone Number

Physician Address (Street)

Physician Address (City / State / Zip)

Physician Signature (M.D.)

Today's Date

Activity Type	Intensity Allowed
Cardiovascular	_____
Resistance Training	_____
Flexibility	_____
Other	_____
Physician's Recommendations/Contraindications: _____	
