

## POST-NATAL MEDICAL RELEASE

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

Dear Doctor,

Your patient, \_\_\_\_\_, wishes to start a personalized post-natal personal fitness program.  
**This exercise program will involve the following activities:**

Strength training with machines and free weights, cardio vascular exercise, core strengthening & balance work along with stretching.

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

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

Have you checked your patient for diastasis recti?

\_\_\_\_\_

Please feel free to contact me personally to discuss any particulars that might be important as well as your recommendations &/or restrictions. My goal is for your patient to have a successful experience.

Sincerely,

Lisa Dougherty

MedFit Education and Training Center (medfitcenter.org)

(949) 346-1734

[lisa@medfitcenter.org](mailto:lisa@medfitcenter.org)

\_\_\_\_\_ has medical approval to participate in fitness activities and exercise programs with the recommendations or restrictions stated above.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone