

PRENATAL MEDICAL RELEASE

Date: _____

Dear Doctor,

Your patient, _____, wishes to start a personalized prenatal fitness program.

This exercise program will involve the following activities:

Strength training with machines and free weights (barbells & dumb bells), cardio vascular exercise: treadmill, elliptical fitness trainer, core stability work, some balance and functional training, along with stretching.

*****If your patient is taking medications or has any medical conditions that will affect the type of exercise program or their heart-rate response to exercise, please indicate the manner of effect (raises, lowers, has no effect on heart-rate response):**

Type of medication(s): _____

Condition: _____

Effect(s): _____

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

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

Sincerely,

Lisa Dougherty

MedFit Education and Training Center (medfitcenter.org)

(949) 346-1734

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