

Personal Training Physician Letter

RE: _____ DOB: _____

Date: _____

Dear Primary Care Provider,

Your patient, _____, is planning to begin a supervised exercise program at WCTC's Fitness Center. All exercise programs are developed based on the individual's health history, current level of fitness, and desired goals. Our Fitness Specialist holds a Master's in Exercise Physiology and is a Certified Personal Trainer from the Aerobics and Fitness Association of America, as well as, CPR/AED and First Aid from the American Heart Association.

We value your input regarding this client's exercise prescription. At this time we are requesting the release of information that you feel would be beneficial to us in developing a safe and effective exercise program. If you know of any medical reasons that would contraindicate or limit this individual's ability to participate, please indicate your concerns. Enclosed you will find a HIPAA and state privacy law compliant authorization permitting you to disclose this client's health information. Please do not send any copies of medical records with your response. If you have questions, please contact Kristi Farmer at 262.691.5549 or kfinco@wctc.edu.

To be completed by primary care provider:

1. Please Select One:

- I know of no reason why this individual may not participate in an exercise program and/or fitness testing.
- This individual may participate in an exercise program and fitness testing with the following precautions/limitations:

- I recommend that this individual not participate in an exercise program or fitness testing at this time.

Physician's signature _____ Date _____

Physician's Name _____ Phone _____

Please return completed form by fax 262.691.5568 or by mail WCTC Fitness Center 800 Main Street, Pewaukee, WI 53072.