

# Total Human Performance LLC

## Medical Release Form

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

Dear Doctor: \_\_\_\_\_ (print doctor name)

Your patient (your name) \_\_\_\_\_ wishes to start/continue a physical fitness exercise program.

The activity will involve the following:

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has not effect on heart-rate response):

Type of medication: \_\_\_\_\_

Effect: \_\_\_\_\_

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

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Thank you.

Sincerely,

Kevin R. Burgess, CSCS, ACE certified personal trainer  
dba Total Human Performance LLC  
345 Cilley Rd  
Manchester, NH 03103  
(603) 402-9196

\_\_\_\_\_ (patient name) has my approval to begin an exercise program with the recommendations and restrictions stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_