

Mike's Mobile Gym

Physician's Referral Form

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I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at MMG. All information will be kept confidential. This form will be completed at no cost to MMG or MMG Personal Trainers.

PARTICIPANT Name (Please Print)	Personal Trainer Name
PARTICIPANT Signature	Personal Trainer #
PARTICIPANT Phone #	Today's Date

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 Address (Street)	
Physician Signature (M.D.)	Physician Address (City / State / Zip)	
Today's Date	Physician Voice Number	Physician Fax #
Activity	Intensity Allowed	
Cardiovascular	_____	
Resistance Training	_____	
Flexibility	_____	
Other	_____	
Physician's Recommendations/Contraindications: _____		

IMPORTANT! If you do not believe the participant should engage in a progressive exercise program, please check the NO box below.

NO – The above PARTICIPANT has been examined by me and DOES NOT have my approval to participate in a progressive exercise program.