



PHYSICIAN'S APPROVAL

Certified Personal Trainer: Holly Kouvo (AFAA certified)
Phone Number: 978-502-8781
Fax Number: 978-897-6288

_____ has been examined by me and has my
Participant's Name
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.

_____ M.D. _____
Physician's Signature Date

TYPE OF ACTIVITY

INTENSITY

Cardiovascular	_____
Resistance Training	_____
Flexibility	_____
Other	_____

PHYSICIAN'S RECOMMENDATIONS/CONTRAINDICATIONS
