



Holli K. Clepper  
C.H.E.K Practitioner Level 3  
ACE-certified Personal Trainer  
NSCA-certified Strength & Conditioning Specialist

### Medical Release Form

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

Dear Dr. \_\_\_\_\_

Your patient, wishes to start a personalized training program. The activities involve the following:

**Resistance Training (Weight Lifting)**

- Moderate Intensity weight training with 10-12 repetitions, all free weights and Swiss ball training
- Isometric holds up to 3 minutes for the thoracic extensors and deep cervical extensors at a moderate intensity
- 60 minutes a day
- 3 days a week

**Cardiovascular Training**

- Moderate Intensity
- 30-45 minutes a day
- 2-3 days a week

**Please fill out the following:**

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

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications that your client is currently taking and what the medication is for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your patient is taking medications that will affect their heart rate response to exercise, please indicate any effect (raises, lowers, has no effect on heart rate response): \_\_\_\_\_

\_\_\_\_\_ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Signed \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

(Please print your name here) \_\_\_\_\_

Thank you for taking the time to complete this form. Please feel free to call me directly should you have any questions at 619.840.7892.

Please fax form to: Holli K. Clepper Fax: 760-727-8369

In Health and Happiness,

Holli K. Clepper