



**One-On-One
Personal Training
And
Group Fitness
Provider**

3658 Ruffin Rd. Ste. F
San Diego, CA 92123

e-mail

fitx@fitxsandiego.com

web

www.fitxsandiego.com

phone

858-715-8611

fax #

858-715-8681



Corporate

Residential

Private

In-Home

Fitness Fun
For All Ages, Shapes
and Sizes.

A Division of
**Island Fitness
Express Inc.**

Date: _____

Dear Doctor:

Your patient, _____ wishes to start a personalized fitness training program with Fit-X San Diego certified personal trainer _____. We will be exposing the patient to the following physical fitness activities:

If your patient is taking medications that will affect his or her heart rate response to exercise, please indicate the manner of the effect.

1. Type of medication: _____

2. Effect: _____

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

Thank you,

Scott Bell, General Manager
Fit-X San Diego

_____ has my approval to begin an exercise program based on my physical exam with the above listed recommendations or restrictions.

Dr. Signed: _____ Date: _____

Phone: _____