

March 9, 2013

Dear Doctor:

Mona Morgan has contacted me because she wishes to start a personalized exercise program under my guidance in the fitness center at her apartment complex.

The program may include initial evaluation using fitness assessments and strength, cardiovascular, flexibility, and balance training. Exercise screening and physical activity will be in accordance with the guidelines established by the American College of Sports Medicine (ACSM). Ms. Morgan will evaluate her exercise intensity by using the scale suggested by the ACSM, with moderate intensity being at 5-6 on a scale of 0-10 (0 being no effort and 10 being all-out effort).

If you know of any medical or other reasons why participation in the exercise screening and/or exercise programs by Ms. Morgan would be unwise, please indicate your concerns and contraindications on this form.

If you have any questions or comments, I am always available at 512-913-9913 or becky@move-with-ease.com

Best regards,

Rebecca Ann Behling, MS, cPT

Report of Physician

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate, but I urge caution because:

The applicant should not engage in following activities:

_____ I recommend the applicant NOT participate.

Physician signature

Date

Address

Phone