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Physician's Approval Form

Hello Doctor

Your patient _____ has contacted me regarding online personal fitness training. Prior to the above named individual embarking on an exercise program, I must know if he/she is healthy enough for exercise.

In the interest of your patient and for our information, please complete the following:

A. Has this patient undergone a physical examination within the last year to assess functional capacity to perform exercise? Yes ___ No ___

B. I consider this patient (please check one):

___ Class I: Presumably healthy without apparent heart disease eligible to participate in an unsupervised program

___ Class II: Presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised program

___ Class III: Patient not eligible for this program, and a medically supervised program is recommended

C. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? Yes ___ No ___

Please explain: _____

D. Are you aware of any medical condition(s) that this patient may have or may have had that could be worsened by exercise? Yes ___ No ___

E. Please list any currently prescribed medication(s): _____

F. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program. _____

Physician's Additional Comments _____

Physician's Name _____ Physician's Signature _____

Date _____ Phone _____

Address _____