

Date:

Dear Doctor,

Your patient would like to partake in physical activity under my instruction as his/her personal trainer. The Physical Activity Readiness Questionnaire (P.A.R.Q.) attached has indicated that a medical examination, prior to fitness assessment and subsequent activity prescription, is appropriate.

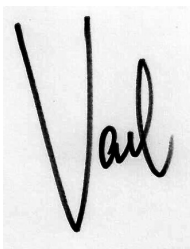
The fitness assessment will involve a multi-level (watts) submaximal ergometer protocol (Coombs and Golding 1982) with B.P. and C.V. response monitoring; subcutaneous lipid measures; biomechincal examination, and subsequent injury likelihood profile.

Activity prescription aimed at your patient's health and fitness goals would follow from the data gathered in fitness assessment, incorporating all restrcitions ann modifications you deem necessary.

With you patient's permission, I would be pleased to make available to you any data collected. Please include your e-mail address if desirous.

It would be greatly appreciated if you would complete the form below, attaching any detail you deem relevant, for return by your patient.

Yours in Health and Fitness



Vanessa Wentzel  
Personal Trainer



VANESSA WENTZEL:  
**YOUR**  
 PERSONAL TRAINER  
 083 273 7509  
 van4csi@gmail.com

My patient \_\_\_\_\_ **is / is not** found to be suitable for fitness assessment and subsequent activity, incorporating **no / the following** restrictions and modifications:

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My patient is **taking / not taking** prescribed medication.

Relevant details of prescribed medication as apply to fitness assessment and activity as follows:

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_ (Please print)

Please indicated if Assessment Data is desirous: **Y / N**

Contact number: \_\_\_\_\_

E-mail: \_\_\_\_\_ (Please print)