

The Virginian

Date: _____

Dear Dr. _____.

Your patient, _____, has expressed an interest in participating in *The Virginian's* fitness program. An exercise program will be designed to meet his/her fitness goals, and may include the following modes of exercise: cycling, treadmill walking, NuStep or elliptical trainer, strength training, and/or group fitness classes. A qualified staff member supervises both the fitness center and group fitness classes.

If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate the medication and its effect (increases or blunts heart rate response).

Medication:

Effect:

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

Thank you for your prompt attention to this matter.

Sincerely,

Maria L. Malca
Fitness Manager

_____ has my approval to exercise in *The Virginian's* fitness program with recommendations stated above.

Date

_____ Physician's Signature