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DAVID GILKS

CORE ESSENTIALS INC



# PHYSICIAN RELEASE FORM

**CLIENT'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S RELEASE** I hereby give medical approval to the person named above to participate in various exercise programs that may include progressive exercises (e.g. aerobic, anaerobic & resistance training) for conditioning the body. I further certify that there appears to be no reason why should not actively participate in any progressive training exercise programs except where noted below.

**NOTE TO THE PHYSICIAN** If \_\_\_\_\_ is taking any form of medication which might affect his/her response to exercise (i.e. heart rate, blood pressure, etc.), please indicate the possible effects that he/she might experience.

List any exercise recommendations or restrictions you may have for this client:

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\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S SIGNATURE** ..... **DATE** .....