



Create Your Own Finish Line, LLC Address: 4242 Airport Road, Cincinnati Oh, 45226 Ph: (513) 324-7196

Medical Release Form

Date: _____

Dear Doctor: _____,

Your patient _____ wishes to start a personalized exercise training program. Their program will include the following activities, at a moderate/vigorous level:

If your patient is taking medications that will affect his/her exercise capacity or heart-rate response to exercise, please indicate the manner of the effect (raises, lowers, has no effect):

Type of medication(s): _____

Effect(s): _____

Please identify any recommendations or restrictions that are appropriate for your patient in their exercise program. Also, please indicate if they are cleared to begin their participation in a personalized exercise program: _____

Sincerely,

Jessica Ghantous
ACE certified personal trainer
(513)324-7196
Jghantous13@gmail.com

_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Doctor's Signature _____ Date _____ Phone _____



_____ is a service mark of Create Your Own Finish Line, LLC for its physical fitness, instruction, training, and education services.