

**Butler University
Department of Recreation
Personal Training
Medical Release Form**

Date / /

Dear Doctor:

Your patient, _____, wishes to start a personalized training program.

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

Type of medication _____
Effect _____

Please identify any recommendations or restrictions that are appropriate for your patient regarding exercise:

**Thank you.
Sincerely,**

Adrian Shepard
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Department of Recreation
Division of Student Affairs
Butler University
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_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Signed _____ Date / / Phone () -