



POST-NATAL MEDICAL RELEASE

Date: _____

Dear Doctor,

Your patient, _____, wishes to start a personalized post-natal personal fitness program.

This exercise program will involve the following activities:

Strength training with machines and free weights, cardio vascular exercise, core strengthening & balance work along with stretching.

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

Have you checked your patient for diastasis recti?

Please feel free to contact me personally to discuss any particulars that might be important as well as your recommendations &/or restrictions. My goal is for your patient to have a successful experience.

Sincerely,

Lisa Dougherty

MedFit at Gratitude Ranch (gratituderanch.org)

(949) 346-1734

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_____ has medical approval to participate in fitness activities and exercise programs with the recommendations or restrictions stated above.

Physician's Signature

Physician's Address

Physician's Name

Physician's Phone