

## IIS Network



Dear Doctor:

Your patient has elected to become a member of the BP Fitness Center. Our Fitness Center is supervised by Exercise Specialists and certified group exercise instructors. To use the Fitness Center all participants must complete a fitness evaluation which includes resting blood pressure measurements and percent body fat measurement. This evaluation is performed in our center by an Exercise Specialist.

1. Your patient is required to supply us with a physician's clearance letter prior to his/her completion of the fitness evaluation and participation in an exercise program.
2. If your patient has not had a medical examination within the past year, it is in your discretion if an examination is indicated. Such an examination, however, is to be at the patient's expense.

Please complete the enclosed physician's clearance letter with your approval or disapproval and return promptly to us at:

**WL1 BP Fitness Center  
501 Westlake Park Blvd.  
Houston, TX 77079**

**Helios BP Fitness Center  
201 Helios Way  
Houston, TX 77079  
or  
Fax: 713-323-7452**

**PHYSICIAN'S CLEARANCE LETTER  
For BP FITNESS CENTER**

**PLEASE PRINT**

\_\_\_\_\_  
**Patient's Name**

\_\_\_\_\_  
**Date of Examination**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone**

**PLEASE CHECK ONE:**

I have examined the above patient and his/her medical history and **approve** completion of the fitness evaluation and participation in an exercise program.

I have examined the above patient and his/her medical history and **approve** completion of the fitness evaluation and participation in an exercise program with the following recommendations/limitations:

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

I have examined the above patient and his/her medical history and **do not recommend** completion of the fitness evaluation or participation in an exercise program.

General Comments:

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

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Actual Signature Required - No Stamps, Please)

**Physician's Name:** \_\_\_\_\_  
(Please Print or Type)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_