Personal Training
Medical Release/Referral Form

PRIVACY ACT STATEMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice N06150-2 (Health Care Record System) 5 U.S. C. 301, Departmental Regulations; 10 U.S.C. 1095, Collection from Third Party Payers Act; 10 U.S.C. 5131 (as amended); 10 U.S.C. 5132; 44 U.S.C. 3101; and, E.O. 9397 (SSN), published June 16, 2003 FR 35657. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the records subject, except under routine use. PURPOSE of this information is to provide a record used by officials and employees of the Department of Defense in the performance of their official duties relating to the health and medical treatment of those individuals covered by this record system. In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD ROUTINE USE pursuant to 5 U.S.C. 552a (b). DISCLOSURE MANDATORY for participation in personal training.

Name:	Command Location:
Diagnosis(es):	
Medication(s):	OIC/SNCOIC:
Duty Status:	Command Phone #:
Time Frame of Duty Status	

Recommendations for Personal Trainer:

Resistance Training:

- ☐ Full Go- No Limitations
- ☐ Fitness Conditioning Only- No use of injured area(s)
- ☐ Open Chain Exercise only
  Please provide specific exercises in the special instructions area of this document.
- ☐ Closed Chain Exercises- Weight bearing but **Non-Impact**
  Please provide specific exercises in the special instructions area of this document.

Cardiovascular Training:

- ☐ Full Go- No Limitations
- ☐ Fitness Conditioning Only- No use of injured area(s)
- ☐ Non-Impact Cardio Only
- ☐ Special Instructions
  - ☐ Recumbent Bike
  - ☐ Upright Bike
  - ☐ EFX/Elliptical
  - ☐ UBE
  - ☐ Arch Trainer
  - ☐ Stepper
  - ☐ Rower
  - ☐ Treadmill
  - ☐ Other _____

May Perform Exercises in the following Planes of Movement

- ☐ All Planes
- ☐ Saggital
- ☐ Frontal
- ☐ Transverse

Goals:

- ☐ Increase Muscular Strength
- ☐ Increase Muscular Endurance
- ☐ Improve Body Composition

Flexibility Training:

- ☐ Dynamic Flexibility- No Limitations
- ☐ Static Flexibility Training

Special Instructions:

Statement of Permission: By signing this document I, the medical provider, hereby grant the Personal Trainer permission to carry out personal training services per the restrictions provided above.

Physician or Medical Provider's full name and rank _____

Physician or Medical Provider's Phone Number _____ Medical Provider's Location _____

Physician or Medical Provider's Email Address _____ Date _____

Medical Provider's Stamp:

Fitness Testing Protocol

Blood Pressure

Body Composition: *Skin Fold Calipers*

Cardiovascular Fitness: *Stationary Bike or Treadmill assessing heart rate response to increases in intensity*

Muscular Strength: *maximum bicep curl*

Muscular Endurance: *60 sec. abdominal curl-up*

Flexibility: *modified sit and reach*

General Program Structure

Type of Training	Frequency	Intensity	Duration
Cardiovascular	3-5x a week	40/50-85% VO2max	20-60 Mins
Strength	2-3x a week	1-3 sets 8-15 reps	45 mins - 1 hour
Flexibility	3/5-7x a week	Mild to moderate	10-15 mins

Other: _____

If you have any questions or concerns please contact the Personal Trainer listed below.

Personal Trainer's name _____ Personal Trainer's phone number _____