Broomfield Recreation Services

Report of Physical Examination

Used for Personal Training Appointments and Pilates Reformer Sessions when requested by the trainer or the doctor has specific limitations to communicate.

Participant Name:_____ Birth Date:_____

Address:_____

I herby certify that I have examined _____and that he/she was found to be physically fit to engage in *(please circle one)* the Broomfield Recreation Services Personal Trainer program OR the Broomfield Recreation Services Pilates Reformer program with the following restrictions. (If none, state "NONE"):

Physical Restrictions:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date:_____ **Physicians Signature:**_____

Address:_____