



Dear Doctor:

Your patient has elected to become a member of the bp Fitness Center. Our Fitness Center is supervised by Fitness 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 a Fitness 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:(____) _____