



Dear Doctor _____: Date _____

Your patient, _____ wishes to begin our Heart Strong exercise program at the Brock Functional Inclusive Training Centre (Bfit). _____ will be participating in an exercise program that will consist of cardiovascular conditioning, strength training, balance training and flexibility exercises. We would appreciate your support towards your patient’s fitness goals.

As _____’s physician, you will have a thorough understanding of his/her past medical history and be able to recommend if any diagnostic testing is necessary or provide us with any restrictions that you feel necessary in regard to their exercise regime before they begin to exercise with us.

Your patient will be exposed to the following inherent risks, including but not limited to:

- all manner of injury from physical exertion and cardiovascular output, including dizziness, shortness of breath, chest discomfort, leg cramps, sprains and/or strains;
- all manner of injury resulting from misuse, non-use and/or failure of any equipment;
- all manner of injury from exerting and/or stretching various muscle groups;
- all manner of injury arising from tripping and/or falling and impacting against the floor surface, walls, apparatus/equipment, the ground, other participants, or trainers;
- all manner of injury arising from falls during balance activities;
- abnormal blood pressure, lightheadedness or fainting, and irregular heartbeat and in rare cases, HEART ATTACK, CARDIAC ARREST AND EVEN DEATH.

Every effort will be made to minimize the risks during your patient’s participation in the Heart Strong program. Staff are trained in basic cardiopulmonary resuscitation (CPR), first aid and will have access to an Automated External Defibrillator.

In order to participate in our program, we require _____ to have had a current exercise stress test. Please check the appropriate circle below regarding whether your patient has completed an exercise stress test within the last six months.

Exercise Stress Test:

- _____ has completed an exercise stress test within the last six months. Please fax the results of this test to 905-378-5724.

Brock Functional Inclusive Training Centre

2021 Canada Games Way
Thorold, Ontario
L2V 4Y6





No Exercise Stress Test:

- _____ has not completed an exercise stress test within the last six months. Please schedule an exercise stress test and fax the results to 905-378-5724 upon completion.

Lastly, please sign this letter and note any other recommendations that you may have for _____ pertaining to an exercise program.

Please indicate in the space below any exercise restrictions or other testing to be performed.

Signed: Dr. _____

Date: _____

Thank you for your involvement with Bfit. Please feel free to contact me for any further information that you require.

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