

**Advanced Personal Training
Program
Health Certificate**

To the student: This health certificate is a requirement for admission into the Swedish Institute's Personal Training Program. A licensed physician, physician's assistant, or nurse practitioner must fill out this form. You should return this form to the Admissions Office or have the practitioner fax it to (212) 924-7600.

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Student's Name: _____

Address: _____

To the practitioner: This form must be filled out in order for your patient to be a student at the Swedish Institute. If your patient has had a physical within 6 months of the time that they will begin school, you may indicate that date below without having to repeat the physical exam.

Complete Physical Examination given on _____

Our Personal Training Program consists of four-hour lectures and practical classes that include workouts using a combination of **floor/mat exercises, calisthenics, resistance tubing, free weights, circuit training and cardiovascular equipment.**

Please specify if the patient has a medical condition that would interfere with her/his participation in the program and any recommended guidelines for her/his physical activity.

I hereby certify that the above named individual was found to be in good physical health and is able to participate in the Personal Training Program.

Signature of M.D., P.A., C.N.P.: _____

Print Name of M.D., P.A., C.N.P.: _____

Practitioner's License #: _____

Address: _____

Phone Number: _____