

Date: _____

Dear Doctor;

Your patient, _____ wishes to start a exercise program called Women in Motion. The program is conducted by a nonprofit organization with the same name. Classes and strength training will be conducted at McKay Dee Hospital and Weber State University, and weekend walks will be on outdoor trails and tracks in the Ogden area. The program includes a 20-week walking program which starts slowly and builds to 3-13 miles depending upon the individual's goals. Training begins January 3, and the participants will take part in the Ogden marathon on May 19, 2018.

If your patient is taking medications that will affect his or her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response):

Medication: _____

Effect: _____

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program: _____

_____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

_____ Signature _____ Date

Thank you. Sincerely,

Rachel Smith, B.S.
Director-Women in Motion
Phone: (801) 336-8526
Email: rslivewell@gmail.com