Candidate Name: Date:

Recommending Fellow Name: email:

Dear Medical Fitness Association Fellow:

The candidate above has applied for Medical Fitness Association Fellowship status. Fellowship in the Medical Fitness Association recognizes individuals who have made significant contributions to the association and who are committed to continuing service to the Medical Fitness Association. Your confidential recommendation is an essential part of the candidate review process and, as such, we asked you to provide an honest and candid assessment based on your experience and knowledge of the applicant.

Please check the appropriate box below and/or type any additional comments and return to the Medical Fitness Association by e-mail at Jason.aslanian@medicalfitness.org, or by fax to (910) 420-8733, subject Line: Attention Fellow Review Committee.

 I recommend the candidate without hesitation.

 I withhold my recommendation at this time.

**Please use the space below to type any comments that may be helpful to the review committee:**

Signature: Date: