

# Gastrointestinal Issue Clarification

Date: [Insert Date]

To Whom It May Concern,

I am writing to clarify the gastrointestinal issues I have been experiencing and how they may impact my participation in fitness programs. Ensuring my health and safety during physical activities is my top priority.

Details of my condition:

- **Diagnosis:** [Insert Diagnosis]
- **Symptoms:** [Insert Symptoms]
- **Treatment Plan:** [Insert Treatment Plan]
- **Doctor's Recommendations:** [Insert Recommendations]

Given this information, I would appreciate any adjustments or accommodations you could provide to facilitate my participation in your program while ensuring my health is not compromised.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Contact Information]