

Request for Cardiovascular Fitness Evaluation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Institution/Organization]

[Recipient's Address]

Dear [Recipient's Name],

I am writing to request a cardiovascular fitness evaluation for [Patient's Name/Your Name], who has been experiencing [briefly describe the reason for evaluation, e.g., unusual fatigue, difficulty in physical activities]. Given the importance of cardiovascular health, I believe an assessment is necessary to address these concerns and tailor an appropriate fitness program.

We would appreciate your expertise in performing the evaluation, which ideally includes [mention any specific tests or assessments, e.g., VO2 max test, ECG, etc.]. Please let us know your available dates and any preparations needed prior to the assessment.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Organization]

[Your Contact Information]