



MedGym Wellness Group (MWG)

Peer Recommendation Letter

Applicant Name: _____

Your Name: _____

Email: _____

Location treated: (City, State) _____

Injury: _____

Sport/Discipline and/or club: _____

In what capacity do you know the applicant?

How long have you known and /or worked with the applicant?

Please list the qualities that the applicant has that you personally know or have observed that place him/her above average in:

1. Treatment:

2. Communication:

3. Education/patient understanding:

4. Peer interaction:

5. Involvement in your specific sport organizations/wellness programs:

Please give examples of positive qualities or experiences with the applicant:

1.

2.

3.

Other:

Please list examples of your personal experience of the applicant's knowledge of the sport/genre:
Gymnastics / Dance / Figure Skating / Cheer / Theater / Musicians/Vocalists:

Please write any other information that may help us to get to know the quality of the applicant with regards to national recommendations for treatment, writing, speaking, etc. Feel free to attach a separate page.

By signing below, I agree that all of the above information is true to the best of my knowledge.

Signature

Date

Please return completed form directly to MedGym, LLC at medgyminfo@gmail.com