



# Fellow Recommendation Form

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Recommending Fellow Name: \_\_\_\_\_

Recommending Fellow 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 both the Association and Medical Fitness industry 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 ask 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 to Mariann Murphy at [mariann.murphy@medicalfitness.org](mailto:mariann.murphy@medicalfitness.org) with the subject line: Attention Fellow Review Committee.

I recommend the candidate without hesitation.

I withhold my recommendation at this time.

**Please use the space below for any comments that may be helpful to the Review Committee:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: