



Medical Clearance
One-On-One Personal Training or Physical Therapy Wellness Program

Dear Dr. _____:

Your patient _____ is interested in bettering his/her health by participating in an exercise program with Totally Designed Body, LLC. The program will incorporate a combination of aerobic conditioning, resistance training, pilates, yoga, stretching and stabilization exercises. Please check the appropriate box pertaining to your patient listed above:

- No contradictions for participation in a general exercise program
- Participation in an exercise program is recommended with the following restrictions or modifications (continue on back of page if necessary): _____

I do not recommend participation in an exercise program

Please provide the following information:

Resting Blood Pressure _____ **mm Hg**

Resting Heart Rate _____ **bpm**

Weight _____ **lbs**

Chronic Conditions: _____

Physician Signature _____ Date _____

Address _____ Phone _____



Medical Clearance Zoom Classes

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Physician Signature

Date

Address

Phone

Totally Designed Body, LLC.

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