



3138 Roosevelt Street,suite J  
Carlsbad, Ca 92008  
(760) 420 -1531

## MEDICAL CLEARANCE FORM

Dear Physician:

Your patient, \_\_\_\_\_, has expressed interest in participating in a personalized exercise program at Fit Monkeys Inc. Their fitness program will involve a mixture of the following forms of exercise according to their fitness level:

Type of Activity:

Pilates

Strength training/weight training

Cardiovascular Conditioning

Flexibility and Mobility work

Yoga and Calisthenics

### Section II: Physician Approval

*(To be completed by participant's physician)*

If your patient is taking medications that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response):

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Please indicate patient recommendations or restrictions regarding this exercise program:

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By signing below your

patient: \_\_\_\_\_ has approval and medical clearance from you,their physician, to begin an exercise program with the recommendations or restrictions stated above.

Please Print Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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