

# Body Art

Nawaz Modi

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

## MEDICAL CLEARANCE

Dear Doctor,

Your patient \_\_\_\_\_ wishes to join my Fitness Centre, specifically The Pilates Hub (Bandra). Please identify any recommendations or restrictions that are appropriate for him/her.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your patient is taking any medication that will affect his/her heart rate response to exercise, please indicate the nature of this effect.

\_\_\_\_\_  
\_\_\_\_\_

Thanking you,

Yours faithfully,  
Nawaz Modi

\_\_\_\_\_

\_\_\_\_\_ has my approval to exercise in Body Art's Fitness Program with the attached recommendations or restrictions.

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

Signature with Stamp \_\_\_\_\_

\_\_\_\_\_

602, Amore Edge, Swami Vivekanand Rd, Govind Dham, Khar (West), Bandra, Mumbai – 400052.