



Body Art

Nawaz Modi

"Modi Lodge" 13, Watchha Gandhi Road, Off Hughes Road, Mumbai 400 007
Tel: 2380 2602 / 2380 5929 Website: www.bodyart.in

Date : _____

MEDICAL CLEARANCE

Dear Doctor,

Your Patient _____

wishes to join my Fitness Centre.

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

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

Date : _____

Signature with Stamp

BLACK |