



Body Art
Nawaz Modi



'Jyoti Sadan', Ground Floor, Next to Hotel Intercontinental, Corner of 'A' Rd. Marine Drive, Mumbai - 400 020
Tel: 2288 6655 / 2204 6644 Website: www.bodyart.in

Date : _____

MEDICAL CLEARANCE

Dear Doctor,

Your patient _____
wishes to join my Personal Training Programme

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 PT** Programme
with the attached recommendations or restrictions.

Date _____

Signature with stamp