



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 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

.....

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

Date : _____

Signature with Stamp

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