



Body Art

Nawaz Modi

'Modi Lodge' 13, Watchha Gandhi Road, Off Hughes Road, Mumbai 400 007.

☎ : 380 2602 / 380 5929

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