



Body Art
www.bodyart.in

Body Art

Nawaz Modi
'Jyoti Sadan'
Ground Floor,
Corner of 'A' Road,
Near Intercontinental Hotel,
Marine Drive,
Mumbai - 400 020

Date: _____

MEDICAL CLEARANCE

Dear Doctor,

Your patient _____
Wishes to join my Fitness Centre.

Please identify any recommendations / or restriction's that are appropriate to 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 Faithfull
Nawaz Modi

Has my approval to Exercise in **Body Art** Fitness Program with the attached recommendations or
restriction's.

Signature with Stamp

Date