



**Medical Clearance for Class
Participation via Zoom or in person**

Dear Dr. _____:

Your patient _____ is interested in bettering his/her health by participating in an exercise program with Totally Designed Body, LLC. The class will incorporate yoga, stretching and/or pilates. Please check the appropriate box pertaining to your patient listed above:

- No contradictions for participation in a general exercise program
- Participation in an exercise program is recommended with the following restrictions or modifications (continue on back of page if necessary):

- I do not recommend participation in an exercise program

Please provide the following information:

Resting Blood Pressure _____ *mm Hg*

Resting Heart Rate _____ *bpm*

Weight _____ *lbs*

Chronic Conditions: _____

Physician Signature

Date

Address

Phone