

## MEDICAL CLEARANCE FORM

Dear Doctor:

\_\_\_\_\_ has applied for the ONE-ON-ONE PILATES APPARATUS BASED PERSONAL TRAINING exercise program with me, Patty Maraldo/MSPTY INC.. The fitness testing program may involve a test for cardiorespiratory fitness, sit and reach flexibility test, postural assessment, ROM, muscular strength and muscular endurance tests. The exercise program is designed to start with basic stretching and flexibility exercises along with the use of resistance to increase upper and lower body strength. The client is evaluated regularly to reassess their status and determine whether or not to advance them to the next level of difficulty. The program will take the client through various levels of increasing difficulty.

By completing the form below, you are not assuming any responsibility for my administration of the fitness testing and/or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and/or an exercise program by the applicant would be unwise, please indicate so on this form. If you have any questions about the program, please don't hesitate to call me.

I sincerely thank you for your consideration and appreciate your time.

Patty Maraldo  
516/8593951

## REPORT OF PHYSICIAN

\_\_\_\_\_ I know of no reason why the applicant may not participate

\_\_\_\_\_ I believe the applicant can participate, but I urge caution because:

\_\_\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_ I recommend that the applicant not participate.

Physician signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_

