

Fit and Balanced Mom, LLC



MEDICAL CLEARANCE FORM

Dear Doctor:

_____ (name of applicant) wishes to start a personalized training program with Fit and Balanced Mom, LLC. The exercise program is designed to start easy and become progressively more difficult over a period of time. Both resistance and cardiovascular training exercises may be part of the client's program to build strength and endurance.

By completing the form below, you are not assuming any responsibility for our administration of the exercise screening and/or exercise programs. If you know of any medical or other reasons why participation in the exercise screening and/or exercise programs by the applicant would be unwise, please indicate so on this form.

If you have any questions about the Fit and Balanced Mom, LLC, exercise programs, please call the owner, Kim McIntosh at 203.915.0728 or email at FitandBalancedMom@gmail.com . Please mail the completed form to:

**Fit and Balanced Mom, LLC
60 Pond View Lane
Marlborough, CT 06447**

Report of Physician:

_____ I am unaware of any reason why the applicant should not participate in fitness activities as taught by Fit and Balanced Mom, LLC.

_____ I do not recommend the applicant participate in fitness activities as taught by Fit and Balanced Mom, LLC

_____ The applicant should not engage in the following activities:

Physician's Signature: _____ Date: _____

Address: _____

Phone: _____