|  |  |
| --- | --- |
|  | [**Medical Clearance Form**](http://www.exrx.net/Testing.html) |

Dear Doctor:

Your patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wishes to take part in our Antenatal Pilates Course. The program includes gentle core stability and pelvic floor training, mobility exercises, stretching, and relaxation. Exercises are completed in standing, incline supine, 4-point kneeling, and side-lying. This course is run by fully qualified Physiotherapists and Health Professionals.

After completing our application form / questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program under your guidance. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's Pilates program below (Doctor's Recommendations).

**Patient's Consent and Authorisation**

I consent to and authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release to \_\_\_\_\_\_\_Belper Pilates Studio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, health information concerning my ability to participate in an Antenatal Pilates program. Authorisation is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

|  |  |
| --- | --- |
| Member's signature | Date |

**Doctor's Recommendations**

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| --- | --- |
|  | I am not aware of any contraindications toward participation in a fitness program. |
|  | I believe the applicant can participate, but urge caution because: |
|  | |
|  | The applicant should not engage in the following activities: |
|  | |
|  | I recommend the applicant **not** participate in the above fitness program. |

|  |  |  |
| --- | --- | --- |
| Doctor's signature | | Date |
| Doctor's name (print) | Phone | Fax |
| Address | Town | Post Code |