



Move'n Mamas & Pre/Post Natal Training

Physician Clearance Form

* All participants in the Move'n Mamas class or pre/post natal training must have your physician sign this waiver IF you are pregnant, under 8 weeks post-partum (natural), or 11 weeks (caesarian). Your physician must sign and fill out the "Physician Recommendations" portion of this waiver in order to participate in this class.

Patient Information:

Name _____ Telephone _____ Age _____

Address _____ Affiliation _____

Physician _____ Physician's Telephone _____

Due Date & Current Trimester _____

This fitness program is designed to build strength and stamina for labor as well as to tone the abdomen, hips, legs and upper body. This program will involve cardiovascular work, strength training and yoga/pilates based exercises. I consent for the above-named patient to participate in Pre- or Post natal fitness program.

Participant's Signature _____ Date _____

Physician Recommendations:

Based upon current view of health status, _____ is considered suitable for the following:

_____ Only medically supervised exercise

_____ Unrestricted Activity

_____ With the following restrictions:

_____ The avoidance of _____

_____ The addition of _____

_____ Special Concerns _____

Physician's Signature _____ Date _____