

Fitness By Day

**Physician's
Statement and
Clearance Form**

At Fitness By Day, client safety is number one. Your patient, _____, would like to participate in an exercise program as directed by exercise physiologist and certified strength and conditioning specialist Brian Day, BS, CSCS.

Please check one of the following statements:

_____ I concur with my patient's participation

_____ I do not concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to join Fitness By Day)

Reason: _____

Physician's Name (type or print)

Physician's Signature

Date

Please return to Fitness By Day at your earliest convenience.

E-Mail:
brian@fitnessbyday.com

Fax:
(508) 435-3344

Mailing address:
63 Old Elm Way, Hopkinton MA 01748

Thank you,
Brian Day
Fitness By Day, Founder
Phone (617) 794-6796