



44 Main St  
Madison NJ

**Physician's Approval**

\_\_\_\_\_ has been examined by me and has my approval to participate in a progressive exercise program. I understand the vigorous nature of the program and see no reason why the above-named person should not participate.

\_\_\_\_\_ M.D.

Physician's Signature

\_\_\_\_\_

Date

**\*type name for signature**

Email \_\_\_\_\_

Phone Number \_\_\_\_\_