MANLYMOVEMENT · FITNESS & WELLNESS COACH

Physician Clearance for Exercise Participation

To be completed and signed by the client's physician when an injury, surgery, or diagnosed condition is flagged at intake.

Client Information

Client Name _____ Date of Birth _____ Today's Date _____

Proposed Training Program

Please review the training type(s), format, and intensity below before completing this clearance.

Track	Format	Session Length	Selected
Specialty 1-on-1 (live coached strength training)	In-person / virtual	30 or 60 min	☐
Hybrid Calisthenics (Beginner / Intermediate / Advanced)	In-person / virtual	30 or 60 min	☐
Assisted Stretch (PNF/PIR-MET manual technique)	In-person	30 min	☐
Online Coaching (live, via Google Meet)	Remote / video call	30 or 60 min	☐

Physician Clearance

Please select the option that applies, based on your evaluation of this patient:

- ☐ **Cleared without restriction** for the training program(s) selected above.
- ☐ **Cleared with restrictions** — see notes below.
- ☐ **Not cleared at this time.**

Restrictions / Notes

NOTE TO PHYSICIAN

This clearance covers general participation in supervised strength, hybrid calisthenics, weightlifting, and/or manual assisted-stretching sessions delivered by a certified fitness professional (not a licensed physical therapist). If your patient requires physical therapy or medically supervised rehabilitation instead, please indicate that above rather than clearing for training.

Physician Information & Signature

Physician Name (Print) _____ Practice / Clinic _____

Phone	License Number

Signature	Date

Return this completed form to Victor Manly / ManlyMovement before the client's first loaded training session. Per program policy, if this form has not been received by the client's Day 4 session, only movement-screen and non-loaded activity will be performed until clearance is on file. This form does not replace a full medical evaluation and is not a substitute for the physician's independent clinical judgment.