



BIRTH & BEYOND
Pilates

MEDICAL PERMISSION

TODAY'S DATE: ___ / ___ / _____

PATIENT NAME: _____ DUE DATE: ___ / ___ / _____

I AGREE THAT THE ABOVE PATIENT IS DEEMED MEDICALLY FIT TO PARTICIPATE IN THE PRE-NATAL EXERCISE CLASSES OF BIRTH & BEYOND PILATES UNDER THE SUPERVISION OF A PHYSIOTHERAPIST.

DOCTOR'S NAME: _____

DOCTOR'S SIGNATURE: _____

8 MYRTLE STREET, NORMANHURST, NSW
0404 310 671