



## HEALTHIER LIVING CENTRE

### MEDICAL NOTE FOR EXERCISE CLASS PARTICIPATION

CLIENT INFORMATION
First Name:
Last Name:
Address:
Current Diagnosis – Medical condition:

I \_\_\_\_\_ give my recommendation for \_\_\_\_\_

**( Physician name)**

**(Client name)**

to attend exercise classes with Lumacare.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number of physician: \_\_\_\_\_