Medical Clearance for
The Total Training Company

I, _____, authorize my physician to release the following information to The Total Training Company.

Patient Signature_____ Date _____

Your patient has come to me seeking to enroll in an exercise program including Muscle Activation Techniques. Having placed their trust in us to deliver a safe and effective program, we feel it is our responsibility to seek the guidance and recommendations of their personal physician. After completing this form, if you feel more information is necessary you may contact me at (312) 203-7599. Please fax to (312) 254-2127

Thank You,
The Total Training Company

By: Mark Stiglich, its President

Are there any contraindications to Muscle Activation Techniques?
_____
_____

Are there any contraindications to exercise (including isometrics)? _____
_____

Are there any contraindications to a progressive strength training program? _____
_____

Are there any positions to be avoided? _____
_____

Please check any areas of special attention and list recommendations:

___ Neck	___ Upper Back	___ Shoulders
___ Arms	___ Lower Back	___ Hips
___ Knees	___ Foot/Ankle	___Abdomen

Comments:
_____
_____
_____

Physician signature _____ Date _____