



**PRE/POSTNATAL DOCTOR'S NOTE OF APPROVAL**

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I consent to the above named patient's participation in the Chicago Athletic Clubs' Pre/Post Natal exercise program. It is a program to help build strength and stamina for labor, as well as to tone abdomen, hips, legs, and to strengthen the back (for postpartum women). The program involves low impact aerobics, moderate strength training, and stretching.

Physician's Name (please print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_