



Postpartum Consent Form

Dear Healthcare Provider,

_____ (Patient's name) has decided to participate in a postpartum exercise program. Our program is based on principles of proper postpartum training and is designed to gradually reintroduce the client to physical activity. By signing this form, you attest that the client has been medically cleared, without restrictions, to return to all levels of physical activity.

_____ (Patient's name) has my permission to participate in this exercise program.

Physician's name (please print): _____

Physician's signature: _____

Date: _____

Office phone number: _____

Provide any additional information and/or recommendations below.

Please do not hesitate to email info@bumpfitnessclub.com for any questions or concerns.