



Confidential Information for Anti-Aging Holiday Participants & Life Changing Personal Coaching

Medical Release Form

Please complete this form and gain medical clearance from your medical practitioner.

My medical practitioner / doctor's name is: **First Name** _____ **Surname** _____

My medical practitioner's office is located: **City** _____ **Country** _____

Please ask your medical practitioner to complete this section

- ✓ Your client would like to participate in a Healthy Anti Aging Holiday program in Thailand.
- ✓ Prior to participation all clients are required to gain medical clearance from their medical practitioner.
- ✓ We appreciate your efforts to help people worldwide embrace the power of scientific based exercise, nutrition and stress reduction to improve their health and vitality.
- ✓ You may check our professionalism at RPMHealthClub.com or AntiAgingHolidays.com

Medical practitioner to please complete the following;

- ✓ Blood Pressure evaluation, comments & / or recommendations:

Systolic **140mmHg – 160mmHg** and / or diastolic **90mmHg – 95mmHg** please discuss with doctor

Systolic under **105mmHg** and / or diastolic under **60mmHg**, please discuss with doctor.

- ✓ Medications, supplementation, nutrition, comments & / or recommendations

- ✓ Contraindications to any exercise with comments & / or recommendations

Signed, stamped and approved by Medical Practitioner / Doctor _____ **Date** _____

THANK YOU ☺

**AntiAgingHolidays.com
Hayden@RpmHealthClub.com**