

The Poverello Center, Inc.

Client # \_\_\_\_\_

Physical Fitness Statement &  
Letter of Medical Care Certification

Please verify care and return to: The Poverello Center – Friends Fitness Center  
2200 NE 12<sup>TH</sup> Avenue, Wilton Manors FL 33305  
954-563-1299

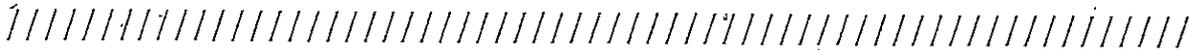
Client \_\_\_\_\_ D.O.B \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

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

Client Signature \_\_\_\_\_



**NOTE!! The Following Physician's HIV+ and Physical Fitness Certification can be completed by the primary care physician or designated nursing staff.**

This letter certifies that \_\_\_\_\_, named here and above, is currently my patient and was last seen in my office on \_\_\_ / \_\_\_ / \_\_\_\_\_ and IS \_\_\_\_\_ IS NOT \_\_\_\_\_ Physically Fit to participate in the exercise, massage, acupuncture, chiropractic, yoga Program(s).

Physician \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Authorized Signature

Name of Agency/Hospital (if applicable) \_\_\_\_\_