

**PREGNANCY / POSTPARTUM PHYSICAL TRAINING PROGRAM
HEALTH CARE ENROLLMENT FORM**

Soldier's Name & Rank: _____

SSN: _____

Unit & Unit Phone # _____

Gestational Age _____

Estimated Due Date _____

Weight at Prenatal Class _____

Emergency Contact _____

Medical Clearance

This soldier has been cleared to fully participate in PPPT. _____

This soldier may only participate in the following activities:

- | | |
|------------------------------------|-------------------------------|
| _____ Walking | _____ Swimming/water aerobics |
| _____ Stretching | _____ Low impact aerobics |
| _____ Strength/resistance training | _____ Cycling |
| _____ Relaxation exercises | _____ Cardio exercise machine |
| _____ Running | _____ Education |
| _____ Jogging | |

This soldier may participate in the education portion only. _____

Health Care Provider's Signature/ Stamp