

UZA WELLNESS MEDICAL CLEARANCE FORM

To Healthcare Provider
of:

From: Sophie Laflamme, Uza Wellness (1-780-221-1152)

Your patient wishes to participate in physical and thermal wellness activities at Uza Wellness. These modalities involve deliberate hot and cold exposure along with intensive somatic integration. Activities may include:

- **Sauna:** Full body exposure to dry ambient heat ranging from 30°C to 105°C.
- **Cold Plunge Experience:** Full body immersion in circulating water maintained between 3°C and 15°C.
- **Breathwork, Yoga & Energy Work:** Guided hyperventilation/breath-retention techniques, moderate physical activity, and holistic energy practices.

PHYSICIAN STATEMENT

I have examined the patient named above and find them medically cleared to participate safely in the heat, cold, and breathwork wellness activities described.

Relevant Medical Notes or Restrictions:

Physician Signature

Date

Clinic Stamp / Contact Info

Uza Wellness

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Location & Presence:

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• Instagram: [@uzawellness](#) & [@laflamm3](#)

• Facebook: The unik zen approach to wellness

• TikTok: [@2healfromwithin](#)