

**Statement of Medical Clearance for Exercise**

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Your above named patient would like to participate in Senior Stretch and Fitness, a recreational exercise program designed to promote flexibility, balance and muscle tone.

The program is sponsored by the Health Ministry at Incarnation Church. Each class is approximately 45 minutes in length. There is no aerobic component in the program. Participants are advised to exercise at a level at which they are comfortable and to stop exercise if they experience any discomfort.

The program is being directed by an experienced AAI/ISMA certified personal fitness trainer.

\_\_\_\_\_ YES, my patient has no current unstable medical problems that are a contraindication to participating in this exercise program.

\_\_\_\_\_ NO, my patient is not eligible to participate in this exercise program due to his/her current medical status.

\_\_\_\_\_

\_\_\_\_\_

Physician Signature

Date

Physician Information:

Print Name \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

telephone \_\_\_\_\_