

Physician's Medical Clearance

SOUTH BRUNSWICK OFFICE ON AGING/SENIOR CENTER

540 Ridge Rd, Monmouth Jct, NJ 08852, Phone 732 329-4000 x7670 Fax 732 438 9826

Having reviewed the medical history of _____

Print Participant's Name

And having examined the above-named individual in regard to their desired participation in the following exercise/fitness program sponsored by the South Brunswick Office on Aging/Senior Center:

Please check whichever would be appropriate for your patient:

All classes can be self-modified

- ___ Sculpting with weights (seated or standing)
- ___ Chair Yoga (seated)
- ___ Feldenkrais (floor or chair)
- ___ Dance/Zumba/BollyX
- ___ Gym equipment i.e. treadmill/elliptical/bike/universal/elliptical bike
- ___ Pickle Ball

BASED UPON MY REVIEW: *Please check one:*

- ___ Participation in any and all fitness programs approved without limitations.
- ___ Participation not approved for fitness programs.
- ___ I recommend the following limitations for their participation:

Please PRINT any information about this patient that the instructor should be aware of:

Physician's Name (Please type or print)

Address

Zip

Phone

Physician's Signature

Date

Physician's stamp