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:

- ☐ Senior Adult Fitness Program (Beginner)
- ☐ Senior Adult Fitness (Intermediate)
- ☐ Senior Adult Fitness (Advanced)
- ☐ Pilates
- ☐ Yoga
- ☐ Balance Strength Training
- ☐ Tai Chi
- ☐ Dance
- ☐ Floor Exercises
- ☐ Gym-Treadmills, bikes etc.

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

Physican's Stamp