



Carolin's Cancer Wellness Program

powered by 24 hours of booty

MEDICAL CLEARANCE FORM

Dear Physician,

Your patient _____ wishes to take part in our Cancer Wellness Program. The program will be overseen by both a Registered Nurse and an Exercise Physiologist. The exercise program may include progressive resistance training, flexibility exercise, and a cardiovascular program that will increase in duration and intensity over time. The fitness assessment may include a sub-maximal cardiovascular fitness test and measurements of the body composition, flexibility and muscular strength endurance.

PATIENT'S CONSENT AND AUTHORIZATION

I consent to and authorize _____ to release to the Cancer Wellness Program staff, health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Participant Signature _____ Date _____

PARTICIPANT NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

PHYSICIAN'S RECOMMENDATIONS

Please check one and explain if necessary:

I am not aware of any contraindications toward participation in a fitness program.

I believe the applicant can participate, but I urge caution because:

The applicant should not engage in the following activities: _____

I recommend the applicant not participate in the above fitness program for the following reasons:

My patient _____ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Physician's signature _____ Date _____

Physician's name (print) _____ Phone _____

Address City _____ State/Zip _____

Carolin's Cancer Wellness Program offered at the following locations:

Dowd YMCA at 400 E. Morehead St., Charlotte, NC 28202

Harris Family YMCA at 5900 Quail Hollow Road, Charlotte, NC 20210 (fall and spring 8 week program)

Morrison YMCA at Corporate Wellness Center at 15830 John J. Delaney Dr., Suite 150, Charlotte, NC 28277

To learn more about the Carolin's Cancer Wellness Program, please call 704-716-6150 or email kimberly.sbardella@carolin'shealthcare.org.

Please fax medical clearance form to: 704-512-3825