



Medical Clearance Form

Date: _____

Client's Name: _____

Client's Phone: _____

Client's DOB: _____

Dear Doctor _____

Your patient _____ has requested to participate in **Exercise for Parkinson's Class**, an Exercise Program for Parkinson's Patients at the New Canaan YMCA. Your client will meet 2x/week with a Parkinson's Specific trained fitness instructor for a 6- or 8-week session. In a group setting, your client will partake in cardiovascular, strength, flexibility, balance, and vocalization activities. Exercises are adapted to all levels with a goal in mind of helping participants manage daily challenges, improve quality of life, regain mobility and maintain independence.

By completing the form below, you are not assuming any responsibility for our administration of exercise program. If you know of any medical or other reasons why participation in the **Exercise for Parkinson's Class** would be unwise for your patient, please indicate so on this form.

If you have any questions regarding **Exercise for Parkinson's Class**, please call the program administrator.

Program Administrator: _____

Eva Saint, Wellness Director, P: 203-920-1623, F: 203-972-7738, esaint@newcanaanymca.org

Physicians Report

My patient, listed above, is:

_____ Not cleared to exercise at this time

_____ Cleared to exercise with no restrictions

_____ Cleared to exercise with the following restrictions and/or recommendations

Physicians Name: _____

Physicians Signature: _____ Date: _____

Physician's Phone: _____

Physician's Fax: _____

Physician's Email: _____