



Men's Fitness Exercise Program

Medical Clearance Form

Dear Medical Provider:

Men's Fitness Exercise program is an exercise program led by an Exercise Physiologist and aimed to improve fitness and health concerns that affect men as they age. Build strength and endurance, improve balance and mobility, all while exercising the brain! Participants must be able to safely exercise, tolerate 60 minutes of seated and standing exercise, and ambulate independently. Exercise equipment such as bands and weights will be used. Other therapeutic strategies to improve memory, cognitive function, and mental health will be integrated in the exercise program in addition to functional Fitness.

Some focuses of this program are:

- **Therapeutic exercise to improve overall health**
- **Build muscular strength, joint mobility, and joint stability**
- **Improve cardiovascular endurance**
- **Education on the importance of exercise on health and well-being.**

Please complete the following:

I am not aware of any condition(s) that preclude the participation of _____
DOB _____, in the Men's Fitness exercise program. (Patients Name)

Patient was examined on or last seen: _____

Are there any limitations for participation? Yes (please specify below) No

Types of medication taken, history of cardiovascular disorders, diabetes, orthopedic problems, respiratory problems, convulsive disorders, etc. that may affect the participation in the Men's Fitness Exercise program?

(MD Signature) Date (MD printed name)

Address: _____

Phone: _____ Fax: _____

For more information/questions regarding Men's Fitness Exercise Program, Please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: 508-394-2109