



## Fit Fun & Fall Free Medical Clearance Form

Dear Medical Provider:

**Fit Fun & Fall free** is an exercise program developed by a Registered Physical Therapist and is designed to improve balance as well as overall fitness. The program is an hour in length and consists of warm-up exercises, upper and lower extremity strengthening (using weights, therapy bands, weighted balls and body weight), higher level balance exercises (including Tai Chi moves), aerobic exercises and cool down/stretching exercises. The exercises are done sitting and standing and can be adapted to each participants special needs.

Some of the goals of this program are:

- **Improved overall fitness**
- **How to exercise safely**
- **How to develop and maintain a healthier, more active life style**
- **ULTIMATE GOAL, fall prevention**

**Please complete the following:**

I am not aware of any condition(s) that preclude the participation of \_\_\_\_\_  
DOB \_\_\_\_\_, in the Fit Fun & Fall Free class. (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 Fit Fun & Fall Free class?

---



---



---

(MD Signature) Date (MD printed name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For more information/questions regarding Fit Fun & Fall Free, Please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: 508-394-2109