

MEDICAL CLEARANCE FORM

Dear Doctor:

_____ will be participating in an exercise program with Wendy Lee Fitness at the Benheim Western Greenwich Civic Center. The fitness program includes circumference measurements of any effected areas to determine baseline as well as ROM tests. The exercise program is designed to include basic stretching and flexibility exercises along with the use of light resistance to increase upper and lower body strength as well as cardio as individually tolerated. Participants will be reavaulted periodically to gauge progress. Wendy Lee Rosa has been certified by the Cancer Exercise Training Insitute as a Cancer Exercise Specialist. Thus has undergone thorough and intensive training in working with the special needs of cancer survivors.

If you know of any medical or other reasons why participation in this exercise program by the applicant would be unwise, please indicate so on this form. If you have any questions about the program, please don't hesitate to call me at 203.496.1857.

Report of Physician

_____ I know of no reason why the applicant may not participate

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

_____ The applicant should not engage in the following activities:

_____ I reccommend that the applicant not participate.

Physician Signature _____

Date _____

Address _____

City, State & Zip _____

Phone _____