

Physician's Medical Clearance

SOUTH BRUNSWICK OFFICE ON AGING/SENIOR CENTER

540 Ridge Rd, Monmouth Jct, NJ 08852, Phone 732 329-4000 x7670 Fax 732 438 9826

Having reviewed the medical history of _____

Print Participant's Name

And having examined the above-named individual in regard to their desired participation in the following exercise/fitness program sponsored by the South Brunswick Office on Aging/Senior Center:

Please check whichever would be appropriate for your patient:

- Pilates
- Yoga
- Tai Chi
- Floor Exercises
- Chair Exercises
- Virtual Classes
- Pickle Ball
- Balance Strength Training
- Dance
- Gym-Treadmills, bikes etc.
Arm Machine Exercises
- Now & Zen

BASED UPON MY REVIEW: *Please check one:*

- Participation in any and all fitness programs approved without limitations.
- Participation not approved for fitness programs.
- I recommend the following limitations for their participation:

Please PRINT any information about this patient that the instructor should be aware of:

Physician's Name (Please type or print)

Address

Zip

Phone

Physician's Signature

Date

Physician's stamp