

**STRONG SENIOR Fitness Program**  
Cove Senior Citizens Association  
Physician's Clearance Form

On the Physical Activity Readiness Questionnaire our participant just completed, it was indicated that our participant was at least 70 years old and inactive or they identified that they have one or more medical risk factors which may impair their ability to exercise safely.

Therefore, we are asking that a physician complete this medical clearance form before our participant can begin/continue exercising in the group exercise program, STRONG SENIOR, which is a progressive, moderate intensity exercise program designed to improve strength, balance, flexibility, and cardiovascular fitness.

Patient Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Yes, my patient can participate.

\_\_\_\_\_ No, my patient cannot participate at this time due to his/her medical conditions and health status.

**Special Considerations for participating in a group exercise program:**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_