



# MEDICAL CLEARANCE FORM

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Branch to Participate at (circle one): Chippewa Falls YMCA | Eau Claire Downtown YMCA | Eau Claire South YMCA

Physicians' Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Physician's Fax: \_\_\_\_\_

Dear Clinician \_\_\_\_\_,

Your patient \_\_\_\_\_ has requested to participate in Pedaling for Parkinson's at the YMCA: A Exercise Program for those with Parkinson's Disease at the Chippewa Falls YMCA, Eau Claire Downtown YMCA, or Eau Claire South YMCA. At the start of this program your client will participate in a fitness assessment, including the 6 minute walk test, one repetition max test for upper and lower body, and balance and flexibility test. Following the fitness assessment, your patient will partake in cardio respiratory fitness, muscular strength and endurance, and flexibility and balance activities. A specific, individualized exercise program will be created for the participant based on the needs, interests and any recommendations you might have. The Pedaling for Parkinson's program is designed to start easy and become progressively more difficult over an 8 week period. All fitness assessments and exercise activities will be administered by qualified personnel trained in conducting exercise testing and exercise programs. Based on the Pedaling for Parkinson's at the YMCA intake form, your patient has indicated a diagnosed medical condition, coronary risk factor, and or health condition that require a physician's clearance prior to participation in the Pedaling for Parkinson's program at the YMCA.

By completing the form below, you are not assuming any responsibility for our administration of the fitness assessment or exercise program. If you know of any medical or other reasons why participation in the Pedaling for Parkinson's at the YMCA would be unwise for your patient, please indicate so on this form.

If you have any questions regarding the Pedaling for Parkinson's at the YMCA program, please call the Healthy Living Director:

- Chippewa Falls: Solo Abebayehu, soloabe@ymca-cv.org, (715) 861-2340, or fax: (715) 723-6063
- Eau Claire Downtown: Joseph Xiong, jxiong@ymca-cv.org, (715) 833-4846, or fax: (715) 723-6063
- Eau Claire South YMCA: Haili Carlson, hcady@ymca-cv.org, (715) 861-8160, or fax: (715) 723-6063

Physicians Report: My patient, listed above, is: \_\_\_\_\_ Not cleared to exercise at this time \_\_\_\_\_

Cleared to exercise with no restrictions \_\_\_\_\_ Cleared to exercise with the following restrictions and/or recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_