



Nordic Walking Program Medical Clearance Form

Dear Medical Provider:

This program is led by a Physical Therapist and Certified Nordic Walking instructor from the VNA of Cape Cod. Participants will learn the Nordic Walking technique and what research tells us about the many benefits of Nordic Walking, i.e. improved posture, balance and fitness. 6 lifestyle medicine pillars will also be discussed weekly to integrate these concepts into our lives. Participants must be able to ambulate 1 (one) mile independently using Nordic Walking poles, sometimes on uneven terrain. Each session is about a 1 (one) hour total.

Some of the goals of this program are:

- Learn Nordic Walking technique
- Improve overall health and wellbeing with physical activity
- Learn the 6 lifestyle medicine pillars (physical activity, nutrition, stress management, substance risk, social connections, and sleep)
- Integrate lifestyle medicine pillars into everyday life.

Please complete the following:

I am not aware of any condition(s) that preclude the participation of _____
DOB _____ in the Nordic walking program. (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 Nordic walking program?

(MD Signature) Date (MD printed name)

Address: _____

Phone: _____ Fax: _____

For more information/questions regarding Nordic walking program, Please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: 508-394-2109