

## Veterans Fitness Exercise Program Medical Clearance Form

Dear Medical Provider:

**Veterans Fitness Exercise program** is an exercise program led by an Exercise Physiologist from the VNA of Cape Cod. This general exercise program aims to increase physical activity and socialization with Veterans and their families. Class will meet once per week to work on strength, endurance, balance and flexibility while connecting with other veterans and their families. Participants must be able to tolerate 60 minutes of seated and standing exercise and ambulate independently. Exercise equipment such as dumbbells and resistance bands will be used.

Some focuses of this program are:

- o To connect Veterans and families together
- o To connect Veterans with Community services
- o Improve muscular strength, endurance, balance, flexibility, and mobility
- o Education on the importance of exercise on health and well-being.

Please complete the following: I am not aware of any condition(		n of
DOB, in the Ve	eterans Fitness exercise program	. (Patients Name)
Patient was examined on or last s	seen:	
Are there any limitations for particip	pation? Yes (please specify below)	□ No
Types of medication taken, historespiratory problems, convulsive Fitness Exercise program?	•	· · · · · · · · · · · · · · · · · · ·
(MD Signature)	Date	(MD printed name)
Address:		
Phone:	Fax:	

For more information/questions regarding Veterans Fitness Exercise Program, Please contact Amy Chipman at VNA Public Health and Wellness, 508-957-7423. This form may be faxed to: **508-394-2109**