

MEDICAL CLEARANCE FORM

For class participants and training clients who have undergone surgery or treatments within the last 12 months or who will do so in the near future, have your physician/oncologist indicate their participation recommendation.

Dear Doctor,

_____ would like to participate in the Eden Prairie Community Center's Cancer Recovery Exercise personal training or group fitness program. These programs are designed for cancer patients/survivors who have become deconditioned or chronically fatigued from their treatment and/or disease. The program includes cardiorespiratory and muscular strength, endurance and flexibility activities. A specific, individualized exercise program will be created for the participant based on needs, interests and any recommendations you may have. These programs are designed to start easy and gradually increase workload on the body over a period of time in order to improve overall fitness and muscular strength. Exercise programs will be administered and monitored on a one-to-one basis by certified fitness instructors in small groups of eight or fewer.

By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reason why participation in the program by the applicant would be unwise, please indicate so on this form.

If you have any questions regarding this program, contact Fitness Supervisor Megan Munoz at 952-949-8402 or MMunoz@edenprairie.org.

_____ I know of no reason why the applicant may not participate.

_____ I believe the applicant can participate but I urge caution as outlined below:

_____ The applicant should NOT engage in the following activities:

_____ I recommend the applicant NOT participate.

Physician Signature: _____ Date: _____

Print Name: _____

Hospital or Clinic: _____ Phone: _____

Return to Fitness Supervisor Megan Munoz via fax at 952-937-6005.