DEDHAM HEALTH

MEDICAL WELLNESS PROGRAMS

A PHYSICIAN CLEARANCE PROGRAM

FAX • 781-459-6440

☐ Patient Requested Program ☐ Physician Recommendation ☐ Referring Professional

PATIENT INFORMATION (please print)

NAME_____ **DATE OF BIRTH** __/__/__

HOME PHONE _____ **CELL PHONE** _____

PATIENT IS CLEARED FOR *(Please check all that apply)*

☐ Unsupervised Exercise ☐ Pending results of physician performed graded exercise

OPTIONAL *(Please check all that apply)*

☐ Cardiovascular Exersise ☐ Strength Training ☐ Aquatic Exercise

PRECAUTIONS • Special Conditions for Exercise Clearance (please print)

_____

_____

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PHYSICIAN NAME or REFERRING PROFESSIONAL (please print)

SPECIALTY

SIGNATURE

PHONE **DATE** __/__/__

Physician Stamp

DEDHAM HEALTH
& Athletic Complex

200 Providence Highway, Dedham, MA 02026

Feel free to contact DHAC's Coordinator of Medical Programs, Lars Lambros
Phone: 781-326-2900 • FAX: 781-459-6440