



## 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 Exercise

☐ 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



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**