



MEDICAL CLEARANCE FORM

PATIENT NAME: _____

DATE: _____ Phone: _____

Your patient would like to participate in the YMCA of Hannibal, Strength for Survivors program for cancer survivors. This program is designed for adult cancer patients/survivors who need physical activity added to their weekly routines. The program includes multiple components including: cardio respiratory, muscle strengthening and flexibility exercise, and nutritional education. An exercise program will be created for the participant, based on needs, interests and any recommendation you may provide.

This program is designed to begin with easy, simple exercises and progress to an increased but appropriate workload over the 6 week program. Following these principles will over time, improve overall fitness and muscular strength.

For further information please contact, Drew Earls, Wellness Director at 573.221.0586

REPORT OF PHYSICIAN (please check all that apply)

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

Participant does not have lifting restrictions

Participant has lifting restriction of ___ lbs

Participant has lifting restriction with ___ R arm ___ L arm ___ L leg ___ R leg

Participant should not engage in the following activities:

Heavy Weight Training

Pushing RPE above a 7

Overhead exercises

Elevating HR above 60%

Weight bearing cardio

Other _____

Clearance for program participation has been provided by Medical-Oncologist: Yes / No

Additional Clearance: _____

I recommend the applicant NOT participate at this time.

Physician Name _____ Phone Number _____

Physician Signature _____ Date _____