

STATEMENT OF MEDICAL CLEARANCE FOR EXERCISE



Patient Name: _____

Address: _____

Date of Birth: _____ Phone Number: _____

The above named patient would like to participate in Project Healthy Bones, an exercise and educational program designed to prevent and slow the development of osteoporosis. The program is led by trained Peer Leaders.

The program uses free weights. The exercises are designed to improve balance and strength using progressive ankle and hand weights. Weights begin with 1 lb. and progress as self-determined.

Project Healthy Bones is based on a program developed by the Massachusetts Department of Public Health and Action For Boston Community Development, Inc. in consultation with the Nutrition and Exercise Physiology Laboratory at Tufts University. The program is sponsored by the NJ Department of Human Services, Division of Aging Services. For more information: www.state.nj.us/humanservices/doas/services/phb/index.html

_____ **YES**, I approve and support my patient's participation in this progressive weight and balance training program.

_____ **NO**, my patient is not eligible to participate in this exercise program due to his/her current medical status.

Physician Signature

Date

PHYSICIAN INFORMATION:

Print Name: _____

Address: _____

Telephone: _____

Please return completed form to your patient.



PARTICIPANT AGREEMENT/RELEASE

I, _____, understand and confirm that
(Print Name)

my participation in this Healthy Bones Program is voluntary. I agree that during my participation I will exercise at a comfortable level and will stop exercising if it becomes uncomfortable, in order to prevent any illness or injury. I hereby release the New Jersey Department of Human Services, Morristown Medical Center, Lead Coordinators, Host Site, Peer Leaders and their officials, directors, members, agents, and/or employees from any liability or claims for personal injury or otherwise arising from my participation in Project Healthy Bones.

Signature

Date

Street: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____