BC WOMEN'S HOSPITAL+ HEALTH CENTRE

An agency of the Provincial Health Services Authority

Osteofit fitness and healthy bones

Medical Clearance Form

Dear Doctor _____,

Your patient _____ wishes to participate in BC Women's Hospital & Health Centre's Osteofit exercise program. This program will include interactive discussions on topics pertaining to lifestyle management of osteoporosis, agility activities, balance exercises, strengthening exercises, and stretches, all designed to be safe for those with osteoporosis.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize Dr. _____ to release to

*(Facility)*_____, health information concerning

my ability to participate in an exercise program.

Member's signature _____ Date_____

Trainer's signature Bill@growingstrong.ca Bill Galloway Ph.D.

Physician's Recommendations

- ☐ I am not aware of any contraindications toward participation in the Osteofit program.
- ☐ I believe the applicant can participate, but urge caution because: _____

  _____
- ☐ The applicant should not engage in the following activities: _____

  _____
- ☐ I recommend the applicant not participate in the above exercise program.

Physician's signature _____ Date_____

Physician's name (print) _____ Phone/Fax _____