

# MEDICAL CLEARANCE FORM

## The Endorphasm Foundation

Dear Doctor:

\_\_\_\_\_ has applied for enrollment in the fitness testing and exercise programs through The Endorphasm Foundation, Richmond, VA. The fitness testing program involves a submaximal test for cardiorespiratory fitness, sit and reach flexibility test, arm girth measurements, postural assessment, shoulder ROM test, muscular strength and muscular endurance tests. The exercise program is designed to start with basic stretching and flexibility exercises along with the use of light resistance to increase upper and lower body strength. The client is evaluated every six weeks to reassess their status and determine whether or not to advance them to the next level of difficulty. The program will take the client through various levels of increasing difficulty. All of our trainers are certified by the Cancer Exercise Training Institute as a Cancer Exercise Specialist. They have undergone thorough and intensive training in working with the special needs of cancer survivors.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness testing and/or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and/or exercise programs by the applicant would be unwise, please indicate so on this form. If you have any questions about the program, please don't hesitate to call us at:

### REPORT OF PHYSICIAN

\_\_\_\_\_ I know of no reason why the applicant may not participate

\_\_\_\_\_ I believe the applicant can participate, but I urge caution because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The applicant should not engage in the following activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I recommend that the applicant not participate.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_