



MEDICAL CLEARANCE FORM



Your patient wishes to take part in the ***Osteobusters Exercise and Education Program***. This exercise and education program, which is led by peer volunteers, is intended to encourage participants to take steps to build and to maintain strong bones. The program consists of exercises designed to improve balance, muscle strength, posture, and to encourage participation in weight-bearing activities (including use of free weight equipment). The program also includes discussion of some general health education topics (including osteoporosis and bone health) and opportunities for peer support. **Individually tailored health education or exercise recommendations are NOT provided.** This exercise program was designed by medical and physiology experts based on recommendations from a variety of credible resources. It is presented in a small group format and is led by trained, community-based volunteers under the direction of the following agency/organization: **Warren/Washington RSVP**, 543 Glen Street, Glens Falls, NY 12801.

Warren/Washington RSVP is responsible for the implementation and monitoring of the exercise and education program. This program and the group leader training were developed, implemented, and are regularly reviewed and updated by the staff of Warren/Washington RSVP

Regarding (to be completed by patient):

Patient Name: _____ **DOB:** _____

Patient Address: _____ **Phone #:** _____

Please check one box and complete the information below (to be completed by patient's healthcare provider – an MD, PA, or NP):

_____ **YES**, my patient is able to participate and has no current unstable medical conditions that contraindicate participating in this exercise and education program.

_____ **NO**, my patient is not eligible to participate in the exercise and education program due to her/his current health status or medical conditions.

Signature of Healthcare Provider

Date

PRINT Name of Healthcare Provider

Phone Number

Name of Practice/Clinic