



Dear Doctor,

Your patient wishes to commence an exercise program at MannaCare. GymActive is designed to meet the needs of older people and may include progressive resistance training (PRT), flexibility and cardiovascular exercises that may increase in intensity over time.

GymActive members will have an individualized gym-based exercise program developed by an Exercise Physiologist or Physiotherapist.

MannaCare requires a written medical clearance for your patient to participate in GymActive. The clearance must specify any restrictions that need to be considered when developing an individual's exercise program.

Please complete the following information:

<p>I, .....(name of medical practitioner)</p> <p>of,..... (clinic name, address &amp; phone</p> <p>.....</p> <p>give / do not give clearance for..... (patient's name)</p> <p>DOB: ..... to participate in an exercise program at GymActive.</p>
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**Medical history**

<b>BP</b>		<b>Height</b>		<b>Weight</b>	
<b>BGL (if known)</b>					

**Current medications**

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<b>Title</b>	<b>Medical Clearance (GymActive) Form</b>	
<b>Department</b>	Community	FORM
<b>Approved by</b>	General Manager – Operations	



**MannaCare**  
WIDER CHOICES FOR OLDER PEOPLE

**Restrictions (if any)**

<input type="checkbox"/> <b>Low Intensity</b>	<input type="checkbox"/> <b>Moderate Intensity</b>	<input type="checkbox"/> <b>No limitations</b>
<p><b>Comments</b></p>		

<b>Doctor's signature</b>		<b>Date</b>	
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Please return this document to your patient. The patient is required to bring this completed form to their first appointment.

Thank you for your time.