



Medical Clearance Form

StrengthForLifeNY.org

Dear Doctor:

Your patient, _____, wishes to take part in a Strength for Life exercise class, wellness retreat, yoga class, and/or walking group for cancer patients and survivors. Strength for Life classes and programs are lead by Certified Fitness Trainers in a specialist program tailored to those with a cancer diagnosis.

By completing this form, you are not assuming any responsibility for our exercise program. Please identify any recommendations or restrictions

<input type="checkbox"/>	Above named person is cleared for light exercise and participation in your free programs including Wellness Retreats, Yoga, Walking, Empowerment Group, and/or Nutrition Classes
<input type="checkbox"/>	The applicant should not engage in the following activities:

Physician's Name: _____

Physician's Signature: _____

Address: _____