



# PROJECT HEALTHY BONES



## STATEMENT OF MEDICAL CLEARANCE FOR EXERCISE

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

The above-named patient would like to participate in **Project Healthy Bones**, an exercise and educational program designed to prevent and slow the development of osteoporosis.

The program is led by trained Peer Leaders. Exercises are designed to improve balance and strength. Participants use free ankle and hand weights, beginning at 1 lb. and progressing in weight as self-determined.

Project Healthy Bones is based on a program developed by the Massachusetts Department of Public Health and Action for Boston Community Development, Inc. in consultation with the Nutrition and Exercise Physiology Laboratory at Tufts University. The program is sponsored by the NJ Department of Human Services, Division of Aging Services. For more information, go to [www.state.nj.us/humanservices/doas/services/phb/index.html](http://www.state.nj.us/humanservices/doas/services/phb/index.html).

\_\_\_\_\_ **YES**, I approve and support my patient's participation in this progressive weight and balance training program.

\_\_\_\_\_ **NO**, my patient is not eligible to participate in this exercise program due to his/her current medical status.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

### PHYSICIAN INFORMATION

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

*Please return completed form to patient.*