



**RSVP - Retired Seniors & Volunteer Program
Osteoporosis Exercise and Prevention Program
Bone Builders Statement of Medical Clearance for Exercise**

Patient Name: _____

Address: _____

Phone: _____ **Date of Birth:** ____/____/____ **Age:** _____

My patient would like to participate in an exercise program designed to prevent and slow the development of osteoporosis. The program will consist of exercise training with free weight equipment. It is designed to improve balance and will provide education and a support group opportunity.

This program is based upon the results of strength training studies in the elderly conducted by scientists at the Mayer USDA Human Nutrition Research Center on Aging at Tufts University, Boston, Massachusetts. A sheet with the basic exercise moves and further description of the **Bone Builders** program is available for your review.

____ **YES** – My patient has no current unstable medical problems which are a contraindication to participation in this exercise program. I approve and support their participation in this progressive weight and balance training exercise program.

____ **NO** – My patient is not eligible to participate in this exercise program due to their current medical status.

Comment/Special Considerations:

Physician Signature

Date

PRINT Physician Name _____

Address _____

Phone _____

*Medical clearances **must** be updated on a yearly basis and following a major illness or injury or any surgery.