

# Changing Aging™ Program™

Kerrisdale Community Centre

## Physician Clearance Form for Exercise

Participant name (please print): \_\_\_\_\_

Participant phone number: \_\_\_\_\_ Date: month / day / year

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Physician:**

The above client would like to participate in the UBC Changing Aging™ Program **fitness class** within a local community centre. This is an outreach program of the UBC School of Human Kinetics, Faculty of Education, which requires physician approval. A general exercise program will be devised for the group. Programming considerations will be made based upon your patient's mild/moderate medical restrictions, physical limitations and your recommendations. Exercises chosen target strength, endurance, balance, stability, coordination, agility and flexibility.

**Candidates for the fitness classes must be independent and able to perform activities of daily living.** (Ideal for individuals who are moderate to high functioning.) Individuals with severe medical conditions who require specific exercise recommendations would **NOT** benefit from our group-oriented fitness classes. Such clients should be referred to the Changing Aging Program at UBC which offers one on one exercise programming.

The information you provide will only be seen by an ACSM Clinical Exercise Specialist ®, and Fitness Instructors specializing in older adult fitness who create the exercise program. We understand the value of your time. Thank you in advance for filling out this form as completely as possible.

**1. If you have treated, or are treating the above patients for any of the following conditions, please note where applicable.**

	Now	Past	Comments
1. Cardiovascular condition	_____	_____	_____
2. Heart attack (MI)	_____	_____	_____
3. Congestive heart failure	_____	_____	_____
4. Stroke	_____	_____	_____
5. Heart surgery	_____	_____	_____
6. Chest pain	_____	_____	_____

7. Hypertension	_____	_____	_____
8. Hypotension	_____	_____	_____
9. Diabetes (type I)	_____	_____	_____
10. Diabetes (type II)	_____	_____	_____
11. Asthma	_____	_____	_____
12. Emphysema	_____	_____	_____
13. Dizzy spells/syncope	_____	_____	_____
14. Rheumatoid arthritis	_____	_____	_____
15. Osteoarthritis	_____	_____	_____
16. Cancer	_____	_____	_____
17. Gout	_____	_____	_____
18. Allergies	_____	_____	_____
19. Epilepsy	_____	_____	_____
20. Hernia	_____	_____	_____
21. Osteoporosis	_____	_____	_____
22. Osteopenia	_____	_____	_____
23. Anxiety syndrome	_____	_____	_____
24. Other	_____	_____	_____
25. Other	_____	_____	_____
26. Joint replacement/surgery	hip	L ___	R ___ year ____
	knee	L ___	R ___ year ____
	ankle	L ___	R ___ year ____
	shoulder	L ___	R ___ year ____

**2. Any significant musculoskeletal injuries?**

**3. In your opinion, should this patient have a restriction to exercise intensity based on the onset of angina, limiting medications or any other reason?**

**YES**

**NO**

Could you give us a maximal level of exertion you would like your patient to stay below HR \_\_\_\_\_ bpm, or \_\_\_\_\_ METS, or \_\_\_\_\_ RPE

**4. Does your patient have “above normal” levels of:**

(Please tick as appropriate)      Total cholesterol      \_\_\_\_\_  
LDL-C      \_\_\_\_\_  
Triglycerides      \_\_\_\_\_

**5. Medication(s):**

Please list the medications your patient is currently on and dosages.

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Based on your patient’s health status, please check one of the following:

**A** \_\_\_\_\_ Participation in the Changing Aging™ Program fitness classes are encouraged.

**B** \_\_\_\_\_ Participation in the Changing Aging™ Program fitness classes are advised with the following limitations and precautions:

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**C** \_\_\_\_\_ I find participation in the Changing Aging™ Program fitness classes *not advisable* at this time.

Physician’s name: \_\_\_\_\_

Physician’s signature: \_\_\_\_\_

Physician’s phone number: \_\_\_\_\_

**To return this form to the Physical Activity for Life Program:**

- 1. It may be faxed to 604-822-8998.**
- 2. It may be returned to your client.**
- 3. It may be mailed: UBC Changing Aging™ Program  
6108 Thunderbird Blvd.  
Vancouver BC V6T1Z2**