

MEDICAL WELLNESS PROGRAMS

DEDHAM HEALTH

A PHYSICIAN CLEARANCE PROGRAM

FAX • 781-459-6440

Patient Requested Program

Physician Referred Program

PATIENT INFORMATION (please print)

NAME _____ DATE OF BIRTH ____ / ____ / ____

HOME PHONE _____ CELL PHONE _____

PATIENT IS CLEARED FOR (Please check all that apply)

Unsupervised Exercise

Pending results of physician performed graded exercise

OPTIONAL (Please check all that apply)

Cardiovascular Exercise

Strength Training

Aquatic Exercise

PRECAUTIONS • Special Conditions for Exercise Clearance (please print)

PHYSICIAN NAME or REFERRING PROFESSIONAL (please print)

SPECIALTY

SIGNATURE

PHONE

DATE

____ / ____ / ____

Physician Stamp



200 Providence Highway, Dedham, MA 02026

**Feel free to contact DHAC's Coordinator of Medical Programs:
Phone: 781-326-2900 • FAX: 781-459-6440**