



171 WEST 85th STREET  
NEW YORK, NY 10024  
212-769-2850  
www.dorotusa.org

**MEDICAL CLEARANCE FORM**

Dear Doctor:

\_\_\_\_\_ has applied for the participation in the Wellness  
(name of applicant)

Program at DOROT, which offers a range of exercise classes – from very gentle (sitting) to more strenuous (sitting and standing). Classes include: Chair Yoga, Tai Chi Easy, Stretch & Strengthen with weights, bands and balls, and other dance/movement. Qualified instructors conduct these programs.

A medical clearance is necessary for participation.

If you know of any medical reason why participation should be limited, please indicate below.

*If you have any questions about the exercise programs please contact:*

Shannon O’Connor  
Staff

**Phone:** 917-441-3743  
**Fax:** 917-441-3735  
**Email:** soconnor@dorotusa.org

**PHYSICIAN’S REPORT**

I know of no reason the applicant may not participate. Applicant may participate in **all** activities.

I believe the applicant can participate, but I urge caution because of the following:  
\_\_\_\_\_  
\_\_\_\_\_

The applicant should **not** engage in the following activities:  
 Standing                       Aerobic  
 Weights                         Stretching/Twisting  
 Other \_\_\_\_\_  
\_\_\_\_\_

I recommend that the applicant **not** participate.

Physician’s signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_