



California State University, Fullerton

Yoga

MEDICAL CLEARANCE OF PERSONAL PHYSICIAN

Name of Patient _____

Your patient is interested in participating in the Yoga Program, one of the classes offered by the Center for Successful Aging at California State University, Fullerton. The Center is under the direction Debra Rose, Ph.D., professor in the Department of Kinesiology.

Initial Assessment: Prior to the start of the program, all participants are required to complete a health/ activity questionnaire to identify any medical conditions, medications, and other physical conditions that will need to be accommodated for during the program.

Exercise Program: The level of intensity of the class is based on the individual capabilities of each participant. The class meets twice per week for 90 minutes over a 12-week period. Each class is instructed by a trained professional with extensive education and experience in teaching yoga to older adults. The class consists of beginning to intermediate level yoga poses, breathe work, and meditation to develop strength, flexibility, good body alignment, deeper breathing, and relaxation.

Exercise Class Approval: yes ____ no ____

Please list any modifications/comments that need to be considered when administering the initial assessment and teaching the exercise class:

Patient's last blood pressure reading: ____ / ____

Please indicate by your signature below that your patient is medically cleared to participate in the initial assessment and exercise class as described. Please call Dr. Debra Rose if you have any question concerning the program at 657-278-2620.

Print Name of Physician

Signature of Physician

Date

Address: _____

Physician phone #: (____) ____ - ____
