

UWEC Community Fitness Program:
Exercise & Cancer Recovery Program Medical Clearance Form

Dear Dr. _____:

Your patient, _____ has expressed a desire to voluntarily participate in the Exercise & Cancer Recovery Program that is part of the UWEC Community Fitness Program. This physical reconditioning program involves progressive exercise which starts out easy... primarily walking at mild intensity with light weight training and flexibility exercises. A typical goal is to be able to complete 2 to 3 miles continuous walking at a pace designed to achieve a heart rate in the range of 40-60% of predicted maximum. Because of inactivity or cancer treatment/therapy, many participants will also work on building muscular strength and endurance. It should be perfectly safe for most cancer survivors. All exercise sessions will be supervised by qualified personnel trained in conducting such programs.

We have asked that your patient obtain medical clearance from your office before starting this program by simply checking one of the following categories. By completing the form below, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reasons why participation by this person would be unwise, please indicate so on this form.

If you have questions or concerns regarding our program, please feel free to discuss them with our program director Dr. Matt Wiggins at (715) 836-3159. Thank you for your assistance.

The applicant should be safe for your program as outlined.

The applicant should be safe to participate, with the following modifications:

I recommend that the applicant NOT participate.

Physician Name _____ Date _____

Physician Signature _____

Please have the patient return, mail, or fax this document to:

Professor Matt Wiggins
Chair, Department of Kinesiology
University of Wisconsin—Eau Claire
105 Garfield Ave.
Eau Claire, WI 54702
Fax: (715) 836-4074