

## **F.I.T. Together Yoga Class**

### **Physician Clearance Form**

Your patient would like to participate in a F.I.T Together exercise program aimed at improving function after treatment for cancer. The program is a yoga class aimed at improving mobility and range of motion after cancer. This program is based on a flexibility program that has been studied at OHSU in clinical trials in breast and prostate cancer survivors aged 30-87 years of age and resulted in no study-related injuries.

Although your patient indicated that he/she was unaware of any reason he/she could not participate in yoga exercise, we require participants in the class to have signed physician consent in order to participate in the exercise program. Contraindications to exercise participation include a medical condition, disorder, or medication that would render participation in moderate intensity strength exercise medically unsafe.

*Please complete the form on the next page indicating whether or not you believe your patient can safely perform yoga exercise and return the form to your patient to provide to the exercise instructor.*

If you have questions, please contact me by telephone or email. Thank you for sharing your opinion of the safety of exercise for this patient.

Sincerely,

Jessica Dobek  
Director  
FIT Together  
Phone: 503.348.0736  
Email: Jessica.dobek@gmail.com

## F.I.T. Together

### Physician Clearance Form

I have been informed that my patient, \_\_\_\_\_, is participating in a FIT Together exercise program

Please check one:

\_\_\_\_\_ It **IS** safe for my patient to participate in a yoga exercise class

\_\_\_\_\_ It is **NOT** safe for my patient to participate in a yoga exercise class

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_