



HOME CARE OF ROCHESTER

Medical Clearance

Parkinson Disease Exercise Program

Medical clearance is granted for _____ to participate in a supervised group exercise program for Parkinson Disease. This program will consist of one-hour exercise sessions conducted twice weekly for a period of eight weeks. The intervention will include exercises for balance, posture, stretching, strengthening, and relaxation.

Print Name

Please sign and date below to indicate your endorsement of participation for the above named patient. If any special medical precautions need consideration, please indicate in the designated area below.

Physician Name (please print): _____

Physician Signature: _____ Date: _____

Special Medication Precautions (if applicable):