

## Physician Clearance Form

**South Shore Hospital's Center for Physical Wellness is offering a five-week Community Exercise Program. Participants must be able to perform exercises without assistance and be free of the pool precautions listed below.**

**If this patient requires individualized attention, a physical therapy evaluation can be scheduled. A separate order is needed for this.**

**My patient, \_\_\_\_\_ has medical clearance to attend The Center for Physical Wellness Community Exercise Program.**

**Please indicate if there are any special precautions or response for this individual that may limit his/her participation in this program.**

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### **Precautions to participation in water:**

- 1. Fever over 100 degrees Fahrenheit.**
- 2. Uncontrolled epilepsy.**
- 3. Severe cardiac complications such as low ejection fraction.**
- 4. Incontinence of bowel or bladder.**
- 5. Respiratory disease where vital capacity is less than 1 liter.**
- 6. Skin infections or open wounds.**
- 7. Active UTI.**
- 8. Uncontrolled blood pressure.**
- 9. Acute cerebral hemorrhage.**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

**Phone Number: (781) 624-4367**

**Fax Number: (781) 624-3518**