



EMPLOYEE WELLNESS PROGRAM
Division of Kinesiology and Health Science
(657) 278-4404 / Fax (657) 278-5317

**Medical Clearance Form
Yoga Class**

Name of Patient _____ Date _____

Your patient is interested in participating in the Yoga Class being offered through the Employee Wellness Program at Cal State Fullerton. The program is under the direction of William Beam, Ph.D., associate professor in the Division of Kinesiology and Health Science. Dr. Beam may be reached at (714) 278-3432 or by email at bbeam@fullerton.edu if you have any questions.

The Yoga Class meets for one hour twice a week. The emphasis of the class is on stretching and strengthening the abdominal and back muscles. Class participants will be taught how to properly exercise and how to improve their posture. The class is being taught by a trained Yoga instructor.

Please indicate below to what level your patient is cleared to participate:

() Yes with no limitations () Yes with limitations below () No cannot participate

Limitations _____

Signature of Physician / Primary Care Provider

Date

Printed Name of Physician / Medical Group

Please return this form to:

Street Address

Employee Wellness Program
Kinesiology & Health Science, KHS-121
Cal State Fullerton
800 N. State College Blvd.
Fullerton, CA 92834

City State Zip

Phone