



Prenatal Yoga Workshop

Dear Physician:

Your patient has inquired about participating in the LiveWell Fitness Center's Prenatal Yoga Workshop. In order to register for this program, we have requested that a physician's clearance be obtained prior to participating in this exercise program.

Below is a Physician's Clearance to assist our staff in designing a safe and effective exercise program for your patient following any guidelines you may recommend.

Please fill out and return to patient or fax directly to LiveWell c/o Leigh Cavalli 352.241.7162.

| | | | | | |
|--|--|------------|--|----------------------------|----------------------------|
| Patient Name: _____ | | DOB: _____ | | M <input type="checkbox"/> | F <input type="checkbox"/> |
| <input type="checkbox"/> Patient is cleared to exercise. No restrictions. | | | | | |
| <input type="checkbox"/> Patient is cleared to exercise with the following restrictions/guidelines noted: | | | | | |
| <input type="checkbox"/> Cardiovascular Fitness restrictions/guidelines _____ | | | | | |
| <input type="checkbox"/> Resistance Training restrictions/guidelines _____ | | | | | |
| <input type="checkbox"/> Flexibility restrictions/guidelines _____ | | | | | |
| <input type="checkbox"/> Medications & Effects (if any) on exercise: _____ _____ | | | | | |
| <input type="checkbox"/> Exercise program is NOT recommended at this time. | | | | | |
| Physician Signature: _____ | | | | Date _____ | |

Thank you for your time in assisting the LiveWell Fitness Center in creating a safe and effective exercise program for your patient.

Leigh Cavalli
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