



John R. Kernodle Senior Activities Center

1535 S. Mebane Street Burlington, NC 27215

P: (336) 222-5135

F: (336) 513-5468

Medical Clearance Form

_____ (patient name) is interested in 'TAKE A HIKE' outdoor programs for seniors. The hiking and outdoor programs will be reviewed by the staff with participants' needs and abilities in mind. The hiking program will encompass the various dimensions of exercise: cardiovascular or aerobic endurance, muscular strength, flexibility and weight management. **A typical hike is 2-3 miles over natural surface trail (with roots, rocks, inclines/declines).**

The patient's medical history is an important part of the hiking/outdoor program. If you believe that there are any medical reasons for limiting and/or avoiding participation the hiking/outdoor program for patient named above, please indicate so on this form.

By completing the form below, you are not assuming any responsibility for this person's safety during the program. If you have any questions about the hiking program, please call the Senior Center and ask for Jane Smith or Judy Whitfield at 336-222-5135.

_____ I know of no medical reason why this person should not participate.

_____ I believe this person can participate, but I urge caution because _____

_____ I recommend that this person **NOT** participate in the hiking programs at this time.

Physician Signature _____ Date: _____

Physician's Printed Name _____

Phone: _____

To return, fax completed form to: 336-513-5468