



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 **SOAR – Senior Outdoor Adventure Recreation** programs. SOAR events include hiking, kayaking and other outdoor activities developed and reviewed by SOAR staff with participants’ needs and abilities in mind. SOAR events and activities encompass the various dimensions of exercise: cardiovascular or aerobic endurance, muscular strength, flexibility, balance and weight management. **A typical hike in the SOAR program is 3 miles over uneven, natural surface trail with roots and rocks with some elevation gain/loss.**

The patient’s medical history is an important part of the SOAR program. If you believe that there are any medical reasons for limiting and/or avoiding participation the SOAR program for the 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 SOAR program, please call the Senior Center and ask for Jane Smith or Melissa Hoose 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