

RSVP BONE BUILDERS EXERCISE PROGRAM
MEDICAL CLEARANCE STATEMENT

Patient Name _____ Bone Builders Location: _____
Address _____ Phone _____

Your patient would like to participate in an on-going osteoporosis prevention exercise program. The RSVP BONE BUILDERS Program is based on a program originally developed at Tufts University. Research reports published in the New England Journal of Medicine and JAMA demonstrate conclusively that weights training and balance exercises give participants the strength and stability to significantly reduce incidents of falling and fracturing bones. The program has been shown to be effective for participants of all ages, including their 80s and 90s.

Your patient needs your medical clearance in order to join a class. Your patient can provide you with more detailed information about the program that can answer any questions you may have.

Please do not send this form to Danielle at United Way. Please make sure this signed form goes directly to your patient to give to their Bone Builders instructor.

Contact Danielle with any questions or concerns:

Danielle Schwer
RSVP Bone Builders Coordinator, United Way of Northwest Vermont
danielle@unitedwaynwvt.org, 802-861-7821

___ **YES** – My patient has no current medical problems to prevent participants in the RSVP BONE BUILDERS Program. I approve and support their participation in this progressive weights and balance training program.

___ **NO** – My patient is not eligible to participate in the RSVP BONE BUILDERS Program due to their current medical status.

Physician's Name _____ Date _____

Signature _____

Address _____ Phone _____