

Welcome to Seniors In Motion!

We are excited about our program, which we hope will benefit and enrich the lives of Denton Area Seniors!

As therapists in this area for over 30 years, we recognize the need for a program that combines both education and fitness. In promoting, a healthy lifestyle for seniors, many problems can be prevented or minimized by exercise, good nutrition, education and safety training. The Seniors In Motion fitness program is unique in that we will help you to adapt it to your home so that the benefit you gain from increasing strength, flexibility and increased conditioning will continue for many years.

Please fill out the information in your folder; it will help us to know about your present physical level and health status. There is also a participant consent form and a privacy form for you to sign as well as a medical release form for your doctor to sign. We have already contacted many Denton physicians and are pleased with the positive responses they gave on the questionnaire in support of our programs.

This program is being developed as a community service to Denton area seniors. We believe strongly in promoting optimal health, well-being and respect the right to all people to stay active and strong. Thank you your interest in our program.

Sincerely,

Jean Seward, PT

**Health Information Privacy Statement**

Seniors in Motion functions as a fitness and wellness facility where minimal health information is maintained in your records. In accordance with the Health information protection laws, we acknowledge your rights to the following.

1. You have the right to request that Seniors in Motion, Inc. not disclose your health information in a particular way or manner.
2. You have a right to confidential communication regarding your health information.
3. You may inspect and copy any of the records Seniors in Motion, Inc., maintains for you. You have the right to amend your health information if you do not agree with the record that Seniors in Motion, Inc. maintains for you. This must be a written request. Seniors IN Motion, Inc., will review and amend the record if appropriate. You will be notified and a written statement placed in your records if amendment is not made. Both written documents will be maintained in your file.
4. You have the right to know if your personal health information has been requested and to whom this information is was provided. Example: Your physician.
5. If you feel that your privacy rights have been compromised, you have the right to advise Seniors in Motion, Inc. or Secretary of Health and Human Services. Notification of this problem should be in writing with detailed information so Seniors in Motion, Inc. can investigate this and resolve the problem appropriately. Contact privacy office listed below.
6. Seniors in Motion, Inc. is required by law to protect your health information. This document is our Health Information Privacy Notice. We reserve the right to change this notice and privacy practices when permitted or required by law.

Contact information:

For questions or complaints, please contact:

Jean Seward, P.T., Privacy Officer

111 Industrial Street

Denton, TX 76201

Office: (940) 566-5291

Effective: June 18, 2003

**Personal Profile**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Are you working? Yes or No (circle one). If yes, please tell us what you do.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Retired? Yes or No (circle one): Year of retirement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Please check the sentence that best describes your current physical activity level.**

**a. \_\_\_\_\_\_\_ Minimal Activity (sitting more than standing)**

**b. \_\_\_\_\_\_\_ More Active (moving more than sitting)**

**c. \_\_\_\_\_\_\_ Very Active (physical activity most of the day with few rest stops)**

**3. Which activities are you involved in on a regular basis? (Check all that apply.)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Activity*** | ***Daily*** | ***2-3 Times/Week*** | ***Occasionally*** |
| **Shopping** |  |  |  |
| **Walking** |  |  |  |
| **Exercise** |  |  |  |
| **Swimming** |  |  |  |
| **Dancing** |  |  |  |
| **Yard Work** |  |  |  |
| **Volunteer** |  |  |  |
| **Housework** |  |  |  |
| **Cards or board games** |  |  |  |
| **Television** |  |  |  |
| **Computer / Internet** |  |  |  |
| **Are you driving?** | **YES or NO (circle one)** |  |  |

**Personal Profile**

**4. Functional activities- please rate the following activities;**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Functional Activities*** | ***No Difficulty*** | ***Difficult w/ or w/o assistance*** | ***Cannot do*** |
| **Climbing** |  |  |  |
| **Picking up objects from floor** |  |  |  |
| **Getting in/out of chair** |  |  |  |
| **Getting in/out of bathtub** |  |  |  |
| **Reaching above your head for objects** |  |  |  |
| **Putting on socks** |  |  |  |

**5. What are your goals for a fitness program? (Check all that apply)**

**Health\_\_\_\_\_ Weight Loss\_\_\_\_\_ Staying Active\_\_\_\_\_ Feeling Good\_\_\_\_\_**

**Getting Stronger\_\_\_\_\_ To become more independent in everyday activities\_\_\_\_\_**

**6. Optional- Tell us something about you that would be important for us to know.**

**Can this information be shared? Yes or No (circle one)**

**Some example might include: special interest, hobbies, family and grandchildren.**

**P.S. We love pictures of grandkids!**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Medical History -1 of 2**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you currently have any of the following problems? (Check all that apply.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Check if you have any of these problems.** |  | **Do you take medications for these problems?** | **Please list any descriptions that might be helpful.** |
| **Osteoporosis**  **High Blood Pressure**  **Heart Problems**  **High Cholesterol**  **Swelling in hands or feet**  **Arthritis**  **Back or Neck Pain**  **Problems with poor circulation**  **Forgetfulness/ Lack of Concentration**  **Diabetes**  **Dizziness**  **Balance/Falls**  **Hernia**  **Cancer**  **Lung Problems**  **Other Medical Problems** | □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □ | □  □  □  □  □  □  □  □  □  □  □  □  □  □  □  □ | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Have you had any hospital stays in last 6 months? If yes, please provide a brief reason and dates.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you had any surgeries? If yes, please provide what each surgery was for with date.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History -2 of 2**

**Do you have a DNR (Do Not Resuscitate)?** Yes □ No □

**Have you ever smoked?** Yes □ No □

If so, are you still smoking? \_\_\_\_\_\_\_\_\_\_

Or when did you quit? \_\_\_\_\_\_\_\_\_\_

**Do you visit your doctor regularly?** Yes □ No □

**Do you visit your dentist regularly?** Yes □ No □

Please tell us any other information that is important for us to know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Participant Disclaimer of Liability**

Whereas the undersigned voluntary desires the participation in Seniors In Motion, Inc., the undersigned is duly aware of the risk and hazards which may arise through participation in such activity and that participation in such activity may result in loss of property and/or life and/ or limb;

Therefore it is agreed as follows;

That in consideration of the undersigned’s participation, the undersigned hereby voluntarily assumes that all risks of accident or personal injury, including injuries unknown and unanticipated, or death, and hereby releases and forever discharges the Seniors In Motion, Inc., its Board, officers, agents, employee from any and all liability.

That the undersigned assumes full responsibility for her/his actions and those actions of his/her guest(s) and child(ren) and in the event of damage or disciplinary problems, will be responsible for compensation of damages to Seniors In Motion, Inc. and subject to disciplinary action by the President of Seniors In Motion, Inc. or her designee.

The undersigned, by signing this release, hereby certifies that he/she has read fully understands the conditioned herein provided.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Participation**

I understand that the purpose of this program is wellness through education and fitness through exercise. I am a willing participant in this program and understand that the goal of my program is to promote my personal health and fitness. I acknowledge that the education and training provided to me will enhance my ability to fully participate in the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Medical Release Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to participate in the educational and exercise programs of Seniors in Motion.

Note:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date