



**Retired and Senior Volunteer Program (RSVP)
BONE BUILDERS EXERCISE PROGRAM
MEDICAL RELEASE STATEMENT FOR EXERCISE**

PARTICIPANT/PATIENT INFORMATION

Please fill in this information prior to giving the form to your medical provider

Name _____

Address _____

Phone Number _____

Where did you hear about the program? _____

CLASS LOCATION _____

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 published in the New England Journal of Medicine and JAMA have demonstrated conclusively that weight training and balance exercises give participants the strength and stability to significantly reduce incidents of falling and fracturing bones.

Your patient needs your medical clearance in order to join a class. Your patient can provide you with more detailed information about the program if desired. You can also contact us at (603) 598-9421.

This form can be faxed to the Nashua RSVP office at (603) 459-8157

My patient has no current medical problems that prevent his/her participation in **RSVP BONE BUILDERS** progressive weight and balance training program.

TO BE COMPLETED BY THE PHYSICIAN

Physician's Name _____

Address _____ Phone _____

Physician's Signature _____ Date _____