PEDAL FOR PROGRESS PROGRAM
MEDICAL CLEARANCE FORM

MEMBER INFORMATION

FIRST AND LAST NAME _____ DOB _____

AGE _____ GENDER [ ] Female [ ] Male [ ] Prefer not to disclose

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CONTACT EMAIL _____

PROGRAM INFORMATION

The individual noted above has requested to participate in Pedal For Progress (P4P), a chronic disease exercise program for Parkinson's Disease (PD) patients at Stateline Family YMCA, Roscoe Branch. P4P meets 3x/week for 40-minutes of vigorous cycling on an indoor stationary bike. Participants will focus on increasing aerobic capacity and building lower limb strength in a controlled environment with a trained instructor. Research supported by the National Institutes of Health shows that consistent physical activity, particularly aerobic exercise, can improve both motor and non-motor symptoms of PD and may even help slow disease progression. This specialized cycling program offers adults living with PD in the Stateline community a safe, supportive, and welcoming environment to engage in regular exercise.

PROVIDER REPORT

By completing the form below, you are not assuming any responsibility for our administration of this exercise program. If you know of any medical or other reasons why participation in Pedal For Progress would be unwise for your patient, please indicate so on this form.

If you have any questions regarding Pedal For Progress, please contact the Program Director, Erin Scott at 608-365-2261 or escott@statelineymca.org.

The patient noted above is:

____ Not cleared to exercise at this time

____ Cleared to exercise with no restrictions

____ Cleared to exercise with the following restrictions and/or recommendations:

_____

_____

Provider name and specialty (please print): _____

Provider Signature: _____ Date: _____

PEDAL FOR PROGRESS PROGRAM
INTAKE FORM

MEMBER NAME _____ AGE _____ TODAY'S DATE _____

GENDER [circle one] M / F CELL PHONE # _____

EMERGENCY CONTACT INFORMATION

FIRST AND LAST NAME _____ PHONE NUMBER _____

A BRIEF PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

As with any other exercise activities, safety is always our primary concern in this chronic disease program. Therefore, before an individual starts with this program, we ask that each participant spends just a couple of minutes responding to this simple adapted version of "Physical Activity Readiness Questionnaire" developed by American College of Sports Medicine.

Please read each question carefully and circle the appropriate response.

Has a medical provider ever said you have an abnormal heart condition? ..... Y / N

Do you frequently have pains in your heart and chest? ..... Y / N

Do you often feel faint or have spells of severe dizziness? ..... Y / N

Has a medical provider ever said your blood pressure was too high? ..... Y / N

Has your doctor ever told you that you have bone or joint problems, such as arthritis, ... Y / N
that has been aggravated by exercise or might be made worse with exercise?

Is there a good physical reason not mentioned here why you should not follow an ..... Y / N
activity program even if you wanted to?

Please explain any "yes" responses. _____

_____

_____

LIABILITY & RISK

I hereby stipulate that I am physically fit to take part voluntarily in the Pedal for Progress program. I further acknowledge that there is an element of risk for personal injury in the participation of this program, and I assume that risk. I release Stateline Family YMCA, its instructor, and the owner of the premises from any and all liability in any way arising from the operation of the activity class and/or in the course of instruction and practice of exercise activity.

Your signature below indicates that you: (1) have read and understand the information provided above, (2) willingly agree to participate, and (3) understand you may withdraw your consent at any time and stop participating at any time without penalty.

Member Signature: _____ Date: _____