

ACTIVE MUMS MEDICAL CLEARANCE FORM

Your patient _____ has applied to participate in an Active mums exercise program with Active Monash which requires your medical clearance prior to participation. Clearance indicates that this patient has no contradictions for participation in a group training session. Active Mums class is designed for post natal mums, the focus will be on strengthening pelvic floor and core muscles and pelvic floor safe strength training and conditioning. Classes are run by qualified staff with additional training in Post Natal exercise.

My patient, _____ is physically able to participate in a gentle exercise program

Please list any restrictions or concerns (including medications).

Doctors Details

Name: _____ Phone No: _____

Email: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Signature: _____ Date: _____

Kind Regards

Carol Syer
Dry Program Coordinator
carolsy@monash.vic.gov.au

