



LIVESTRONG®

FOUNDATION

Application and Medical Release Form

LIVESTRONG at the YMCA is a 12-week physical activity and well-being program designed to help adult cancer survivors achieve their holistic health goals. The research-based program offers participants a safe, supportive environment focused on strengthen the whole person. The course includes two (2) classes per week, each lasting up to 90 minutes (including rest and reflection time). At the start of the program, your patient will participate in a fitness assessment which includes: a six-minute walk test, one-repetition max test for upper and lower body, and a balance and flexibility test. This is administered by a certified YMCA instructor.

APPLICANT INFORMATION (PLEASE PRINT): (Completed by applicant)

First Name: _____ Last Name: _____
DOB: ___ / ___ / ___ Male Female
Street Address: _____ City/State _____ Zip: _____
Phone Number: () _____ Email: _____
Type of Cancer Diagnosed & Date of Diagnosis: _____ Date of last treatment: _____

Please check availability (check all that apply):
___ Mon/Wed ___ Early AM ___ Lunch Time ___ After 5 PM
___ Tues/Th ___ Early AM ___ Lunch Time ___ After 5 PM

Participant Signature: _____
Date

-----TO BE COMPLETED BY PHYSICIAN/ ONCOLOGIST/NURSE PRACTITIONER (PLEASE PRINT)-----

By completing this form below, you are not assuming any responsibility for the Y's administration of the exercise program. If you know of any reason, medical or otherwise, why the applicant should not participate in the program, please indicate that on this form.

___ My patient is cleared to exercise with no restrictions ___ My patient is not cleared for exercise at this time

___ My patient is cleared to exercise with restrictions and/or recommendations: please provide a separate sheet.

Physicians Name: _____ Physician Contact #: _____

Physician Email: _____ Fax #: _____

Physician Signature: _____ Date: _____

*Please indicate how the participant's pre/post assessment should be sent: ___ via email ___ via fax

Return completed forms to: LIVESTRONG@ymcabr.org or by fax (225) 924-1899

For questions regarding the program contact us via LIVESTRONG@ymcabr.org or by calling (225)-924-3606
Alexandra Ruiz, Health and Wellness Program Director or Julie Russell, Executive Director of Healthy Lifestyles