

Physician Authorization Form

Patient Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Date of Last Exam: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____/_____

Other: _____

Medical Conditions: _____

Medications: _____

Special Considerations: _____

_____ Yes, my patient can participate.

_____ No, my patient cannot participate at this time due to his/her
medical conditions and health status.

Physician's Signature: _____

Print Name: _____

Address: _____

Phone Number: _____ FAX Number: _____

Background Information for Medical Providers

Your Patient _____, is interested in participating in the Growing Stronger Program being offered by Penn State Cooperative Extension. This moderate intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility.

The program is based upon the results of strength training studies in older adults conducted by scientists at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, Boston, MA. Scientists and exercise physiologists at Tufts University have designed this exercise program especially for mid life and older adults, and Program Leaders in your community are implementing the program. Your patient will be required to complete a Medical History Questionnaire and provide Informed Consent prior to participation in this exercise program.

Please complete and sign the enclosed Physician Authorization Form. If you have any questions or would like to discuss your patient's participation in this program in further detail, please call Elise Gurgevich, PhD., MPH, CHES at 814-863-1787.